

# TELANGANA HOUSING BOARD

## DEMAND SURVEY APPLICATION FORM

Cost of application form as given in the notification( Non refundable)

# THB

Application No.

Affix Pass port size  
photograph

To  
The Executive Engineer (Housing),

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Sir,

I request you for registration of my name for allotment of House / Flat Plot in Telangana Housing Board Scheme under \_\_\_\_\_

Locality	Category	Tentative Cost	Amount paid ( EMD + Application cost)	DD Particulars (DD No., Date and Bank Name)

Name of the Applicant : \_\_\_\_\_ Male  / Female

Father's / Husband's / Guardian's Name : \_\_\_\_\_ Age: \_\_\_\_\_

Occupation : \_\_\_\_\_

Address : \_\_\_\_\_

Phone : \_\_\_\_\_; Mobile No. \_\_\_\_\_; E-Mail : \_\_\_\_\_

- 1) Date of Birth / Age (enclose authenticated certificate. Persons :  
whose date of birth is not recorded anywhere shall enclose age  
certificate obtained from any Doctor)
- 2) **No House Certificate:** The applicant should not own a house / :  
flat on his / her name or in the name of spouse or minor  
children or other dependents of his / her family in the town  
/city where he is applying for allotment. To that effect he / she  
should enclose No House / Flat Certificate duly signed by  
Gazetted Officer.
- 3) Total monthly gross income through all sources (enclose : Rs.  
authenticated certificate like pay slip, IT return [Salary] etc.).  
In case of agriculture VAO/ MRO certificate is to be  
considered.
- 4) Whether the applicant belongs to any one of the reserved  
categories. If so, proof shall be enclosed.

If the applicant falls under more than one of the categories for which reservation is made, he/she shall choose only one reserved category under which he/she desires his/ her application (tick v whichever applicable) [as per G.O.Ms.No.63,Housing, dt.06/08/97]

MPs & MLAs of TS	Defense	SC	ST	BC	State Govt. Servants including Retd. GS	PH	Freedom Fighters	Open Category
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Note : i) SC, ST and BC applicants shall enclose a certificate to that effect issued by the MRO.  
 ii) Physically handicapped applicants shall enclose a certificate to that effect from Medical Officer (Orthopedic), Government Hospital.  
 iii) Applicants under the category of Freedom Fighters shall enclose a copy of the Pension Payment Order issued by the Government.

5) Name of the Nominee (as declared in the Nomination form enclosed) : \_\_\_\_\_

6) Family Member Particulars :

Sl. No.	Name of the Family Member	Age	Relationship with the applicants	Occupation

### DECLARATION

I hereby declare that the information given by me in the above application is true and correct and if it is later on noticed to be false or untrue my application under reference should be treated as cancelled by forfeiting 10% notified cost paid and if I have been successful in getting a house/ flat/plot on the basis of false or untrue information the allotment may be treated as *void ab-initio*.

I have read the terms and conditions for the allotment of house/ flat/plot by Telangana Housing Board contained herein on the regulations and the instructions to the applicants.

I agree to abide by them and such other conditions or alterations and also by the Regulations of the Authority which may be made from time to time in this regard.

Place :  
 Date :

**SIGNATURE OF APPLICANT**

### AGE CERTIFICATE

( See Column – 1 of application form )  
(To be submitted if no other certificate showing date of birth is available)

This is to Certified that Sri / Smt. / Kum. \_\_\_\_\_ S/o. W/o.  
D/o. \_\_\_\_\_ is aged about \_\_\_\_\_ years by  
appearance.

Date :  
Place :

Signature of the Doctor:  
Full Name :  
Designation :  
Office Seal :

### NO HOUSE CERTIFICATE

(See Column – 2 of application form)

This is to certify that Sri / Smt. / Kum \_\_\_\_\_ S / D / W / of  
\_\_\_\_\_ R/o \_\_\_\_\_ does not own  
a house / flat in the Municipal Limits of \_\_\_\_\_ either his / her own name or in  
the name of his wife / her husband ( as the case may be) or in the name of his/her minor children.

Date : :  
Place :

**Signature of the Gazetted Officer / Employer**  
with official seal

### INCOMECERTIFICATE

(See Column – 3 of application form)

This is to certify that Sri / Smt. / Kum \_\_\_\_\_ S / D / W / of  
\_\_\_\_\_ R/o \_\_\_\_\_ is known  
personally and his / her total monthly income is Rs. \_\_\_\_\_ in words ( Rupees  
\_\_\_\_\_ )

Date : :  
Place :

**Signature of the Gazetted Officer / Employer**  
VAO / MRO in case of income is from agriculture

Full Name :  
Designation :  
Office Seal :

### CASTE CERTIFICATE

(See Column – 4 of application form )

This is to certify that Sri / Smt. / Kum. \_\_\_\_\_ S/o.

W/o. D/o. \_\_\_\_\_ R/O. \_\_\_\_\_

\_\_\_\_\_ Village \_\_\_\_\_ Mandal \_\_\_\_\_

\_\_\_\_\_ District belongs to \_\_\_\_\_ Caste, Sl.No. \_\_\_\_\_

in Group \_\_\_\_\_ of \* Backward Class / Schedule Caste / Schedule Tribe.

Date :

Place :.

**Mandal Revenue Officer**

with Office Seal

\* Strike off whichever is not applicable

### PHYSICALLY HANDICAPPED CERTIFICATE

(See Column – 4 of application form )

This is to certify that Sri / Smt. Kum. \_\_\_\_\_ S/o.

W/o. D/o. \_\_\_\_\_ R/o. \_\_\_\_\_

\_\_\_\_\_ is having \_\_\_\_\_

disability and is a Physically Handicapped person.

**Signature of Medical Officer**

(Must not be below the rank of Civil Assistant Surgeon)

### SERVICE CERTIFICATE

( See Column – 3 & 4 of application form )

( In case of State Government Employee )

This is to Certified that Sri / Smt. / Kum. \_\_\_\_\_ is

working in this Department as \_\_\_\_\_ from

\_\_\_\_\_ and his / her monthly salary is Rs. \_\_\_\_\_ (Gross).

Date :

Place :

Signature of the Employer :

Full Name :

Designation :

Office Seal :

## NOMINATION FORM

(See Column – 5 of application form)

I, \_\_\_\_\_ S / D / W / of \_\_\_\_\_

applicant of HIG/MIG house/flat at \_\_\_\_\_ hereby nominate \_\_\_\_\_

\_\_\_\_\_ aged \_\_\_\_\_ years who is my \_\_\_\_\_

and whose address is \_\_\_\_\_

as the person to whom the said house / flat shall be transferred / for refund of EMD in the event

of my death. Executed by me this \_\_\_\_\_ day of \_\_\_\_\_, 20

Specimen Signature / Thumb impress of Nominee

1.

2.

Witness :-

**Signature of the applicant / Allottee.**

Signature

Full Name :

Occupation :

Address in full :