



FIIBM-10145/599



HOUSING SCHEME APPLICATION FORM

(All States of India)

Date _____

S.NO. : RN/FIIBM/410/587/112

Personal Details :

Name : _____

Father's Name : _____

Name of Mother : _____

Mobile No : _____

Email ID : _____

Gender[Put Right Tick] : Male Female Transgender

Date of Birth : ____/____/____

Pan No : _____

Aadhar No. : _____

Passport size
Photograph
Paste Here

Signature

Address for Communication

House No./ Bldg./ Apt: _____

Street/ Road/ Lane: _____

Landmark: : _____

Area/ Locality/ Sector: : _____

Village/ Town/ City: _____

Post Office: : _____

State : _____

District : _____

City : _____

Pin Code : _____

Nationality : _____

Are you living on Rent? YES NO**Are you 18 years old?** YES NO**Whether your Family annual income under 1,00000 Rs.** YES NO**Whether you employed** YES NO**Whether Person with Disability** YES NO**Whether the family owns any house anywhere in India** YES NO**(A) Whether you have any one document listed below as Proof of residence [Put Right Tick]**Ration Card Yes No Voter Id Card Yes No Passport Yes No Driving License Yes No Electricity Bill Yes No Water Bill Yes No Telephone Bill Yes No Gas connection receipt Yes No Bank Passbook Yes No Caste Certificate Yes No Property Documents Yes No **(B) Category [Put Right Tick]** General OBC SC ST EWS Ex-Serviceman Physically Challenged PhD.**(C) Whether you have any one document listed below as Proof of Age [Put Right Tick]**Birth Certificate Yes No School Leaving Certificate Yes No Matriculation Certificate Yes No Driving License Yes No Passport Yes No Pan Card Yes No Ration Card Yes No Voter ID Card Yes No **(D) Educational Qualification [Put Right Tick]** Illiterate Below 10th Grade 10th Passed 12th Passed Others Graduation Post-Graduation PhD.**(F) Property Type** Rented Owned**(E) Religion [Put Right Tick]** Hindu Muslim Sikh Christian Jainism Buddhism Other**(F) Employment Status** Employed Unemployed Self-Employed House-wife**(G) Marital Status** Married Unmarried Divorcee Widowed Widower

Self Declaration
(स्व-घोषणा)

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found suppressed/false or incorrect or ineligibility being detected before or after the verification, my application is liable to be cancelled as per the provisions of the SAMITI Act, 2023 and, Regulations framed there under and other applicable Acts and Rules, etc. I further declare that I fulfill all the conditions of eligibilities. I have read the provisions of the Notice of this application carefully and I hereby undertake to abide by them. I have not submitted any other application before. I am aware that if I contravene this rule, my application will be rejected summarily by the SAMITI.

Date _____

Place _____

Signature of Applicant _____

(POSTAL ADDRESS)

*Send all the self attested document along with
this application form with 550/-Rs. DD in favor of Hindustan
Jan Kalyan Rashtriya Vikas Sewa Samiti to below address :-*

To
The Director
Hindustan Jan Kalyan Rashtriya Vikas Sewa Samiti,
Plot No-1488, Parliament Street, Hanuman Road Area,
New Delhi, Delhi-110001,
Ph. No.: 011-71468322, 011-71468323; Fax No. 011-71468322,
Email ID : info@hindustanwelfare.com; contact@hindustanwelfare.com

(A) NOTE : Our supporting Team will contact you soon. You will be informed about your Application Status through letter/SME/Email/Telephonic Call".
(B) NOTE : Different States provide their natives different plan according to the following by its Govt. rules.

Do not write anything below the page