



APPLICATION FORM FOR HOUSE BUILDING ADVANCE

GENERAL:

1. Name (in Block Letters) : _____
2. Present Designation : _____
Ticket No: _____
Divn/Unit: _____

3. Post Held i). Permanent : _____
ii). Temporary : _____
- iii). Length of service on the date of application : _____
4. a. Date of Birth : _____
b. Date of appointment : _____
c. Date of confirmation : _____
5. Present Basic pay and Scale of pay : _____
a. Whether governed by Pension Rules : _____
b. P. F. Account No. : _____
c. Amount of Provident Fund/other advance/final withdrawal taken for purchase of land/construction (an attested copy of the sanction to be enclosed).
6. My salary particulars are as under:-
Basic Pay Rs. _____ DA Rs. _____ HRA _____ CCA Rs. _____ Spl.
Pay Rs. _____ other Allowances Rs. _____ Gross Salary _____.

Cont. 2

DEDUCTIONS:-

P.F. Rs. _____ V. P.F. Rs. _____ CCS Plan Rs. _____ other recoveries
_____ Total Deduction Rs. _____ Net Payable Rs. _____.

Signature of Applicant: _____

Designation: _____

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No. _____

Office of _____

Station _____

Date _____

Forwarded to _____ for further disposal.

It is certified that the particulars shown from item 1 to 6 above have been verified and found correct.

Signature of Controlling Officer

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7. Particulars relating to Advance:

If advance is needed for purchase of a plot and/or for construction of new house. Please give the following information.

(A) PLOT

Location with address	Rural Urban	It is clearly demarcated & developed	Approx Cost area (in Sq.mm) amount actually Paid	If not purchased when proposed to be acquired	Unexpi- red portion of lease if not freehold
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Contd. 3

CONSTRUCTION:-

Area to be constructed (in Sq. Mtrs) Floor wise	Estimated Cost	Amount of Advance reqd. (for construction)	No. of installments for repayment
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Ground Floor

Ist Floor

IInd Floor

8. If advance is required for enlarging the existing house please state:-

Donation with address	Plinth Area (in Sq. Mtrs.)	Plinth Area proposed for enlargement in Sq. Mtrs.	Cost of construction acquisition of existing house	Cost of proposed enlargement	Total Plinth Area (2+3)	Total cost (4+5)	Amt. of reg. Adv.	No. of Instalment for repayment.
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1	2	3	4	5	6	7	8	9
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Note: If the enlargement is proposed on any floor other than ground a certificate from an approved engineer to the effect that foundations of the existing structure can safely take the load of the proposed enlargement should be enclosed.

Contd. 4

9. If advance is require purchasing ready built house/flat please state:

Location of address	Plinth area	When constructed.	Price settled.	The agency from whom to be purchased.	A. Amt. already paid. B. to be paid	Amount of advance required.
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Miscellaneous:

10. If you or any dependent member of your family already own(s) a house please state:

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Location with address.	Plinth area (Floor-wise).	Present Market Rs.	Fair value	Reasons for acquiring another house or enlarging the Existing house.
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Have you enclosed?

- a. The relevant construction plan approved by the Municipal authority concerned.
- b. Detailed construction estimates based on Central/State P.W.D. Scheduled prevailing in the area corrected as per relevant cost of index duly signed by qualified Engineer.

DECLARATION:

1. I solemnly declare that the information furnished by reply to the various items indicate above is true to the best of my knowledge and belief.

2. I have read the rules regulating the grant of advance to Central Govt. Servants for purchase/construction or building etc. and agree to abide by the terms and conditions stipulated therein.

3. I certify that:-

- i. My wife/husband is not a Central Govt. Servant/my wife/husband who is a Central Govt. Servant has not supplied for and or obtained an advance under these rules.
- ii. Neither I nor my wife/husband/minor could has applied for and/or obtained any loan or advance for acquisition of house in the post from any Govt. source (eg. Ministry of Rehabilitation or under any Central or State Housing Scheme).
- iii. The construction or the house or which the advance has been applied for has not yet been commenced.

Signature of the applicant:

Designation:

Station:

Department/
Office in which
employed

Date:

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Strike out the laterative(s) not applicable.

Important: The applicant is advised to enclose a copy of the conduct rules to avoid delay in processing this application.

DOCUMENTS ENCLOSED:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 14.
- 15.

Signature of the
Controlling Officer

Name _____

Designation _____

(FOR USE IN THE MINISTRY OF HEAD OF DEPARTMENT)

I have scrutinized the application of Shri/Smt./Kum. _____
_____ Designation _____ Basic pay Rs. _____.

I have satisfied myself if that the applicant has/will get clear title to the
property. My recommendations are as follows:

- i. Amount to be approve Rs. _____
- ii. No. of installments for recovery _____

HOD/DRM may kindly approve to the grant of HBA of Rs. _____ (as decided
in the office note at _____ .

Signature: _____

Name: _____

Designation: _____

Office: _____

HOD
DRM

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Order of HOD/DRM

Signature of HOD/DRM