



Housing & Urban Planning
Department
Government of Uttar Pradesh



Offline Application Form For Property

1. Development Authority: - _____

2. Property Type:-

- EWS LIG (House/Plot)
 Group Housing Institution Property
 Other Residential /Mixed Land use / Commercial Plot /Shop
 Other commercial Property other then option 3 Above

3. Applicant Name:- _____

4. Scheme Name:- _____

5. Name:- _____

6. Category:- _____ 7. Floor :- _____

8. Property No.:- _____

9. Block/Sector: - _____

10. Address-1:- _____

11. Address-2:- _____

12. City:- _____ 13. District:- _____

14. Mobile No.:- _____ 15. Email:- _____

16. Principal Amount:- _____
(On which Installment has to be calculated)

17. Simple Interest:- _____ 18. Penal Interest : _____
(Included in Installment)

19. Aadhar's Last 4 Digit : - XXXX-XXXX-____

NOTE: -

- 1- Please attach your recent photograph, copy of Aadhar, deposit receipts and allotment letter along with this application.
- 2- Mention your mobile number & email address carefully as all communication shall be done at given email address & mobile.

18. Installment Details

A. Equal Installment (एक समान किस्तें)

First Due Date	Installment Amt.	Period Type (M/Q/H/A)*	Total No. of Installments

Or

B. Unequal Installment (असमान किस्तें)

(निम्न सारणी असमान किस्तें होने की दशा में ही भरें अन्यथा खाली छोड़ दें।)

First Due Date	Period Type (M/Q/H/A)*	Total No. of Installments

No. of Installments	Due Date	Installment Amount
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

यदि असमान किस्तें 15 से अधिक हैं तो नया पृष्ठ ले लें और उपरोक्त कॉलम के अनुसार सूचित करें।

* M = Monthly, Q = Quarterly, H = Half-yearly, A = Annually

19. Demand Details

Demand Other Than Installments:-

(पंजीकरण, आवंटन, कब्जा, आरक्षण, सेवा कर, पार्क कॉर्नर शुल्क आदि)

Sr.No.	Date	Demand Head	Amount
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

यदि आवश्यकता हो तो अतिरिक्त पृष्ठ जोड़ें

20. Payment Details

Sr. No.	Receipt No	Date	Amount
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

यदि आवश्यकता हो तो अतिरिक्त पृष्ठ जोड़ें

संलग्नक :

Signature of Applicant

Date: - _____