

GOVERNMENT HOUSING BIO-DATA FORM

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passport size
photo

(All information provided in this form will be used solely for the purpose of house allotment, retrieving the bio-data for the allotment system. The information will be kept confidential. This form can also be downloaded from: www.nhdc.gov.bt)

(A). PERSONAL INFORMATION:-

1. Name of Tenant/Applicant:-.....
2. New Citizen ID No:-.....RCSC/Agency Employment No:-.....
3. District: -Block:-Village:-
4. Date of birth: -Day.....Month..... Year. Religion:-.....
5. Designation:Present Grade:-.....Gross salary (Nu):-.....
6. Organization:-.....Division:-.....
Sections:-.....Telephone :-.....(O).....(R).....(M)
7. Date of appointment in service:-.....
8. Year of application: -, Allotment order #: & w. e. f:-.....
9. **Block No.** (.....), **Unit No.** (.....).
10. Type of quarter in case of old housing colonies:- **GQ- IS-** (), **IA-** (), **IB-** (), **II-** ()- **IIIA-** (), **IIIB-** () & **IV-** ()
11. **Photocopy of new Citizen ID card must be attached.**
12. **A copy of a lease Agreement (legal documents) signed between the housing authority & tenants must be enclosed compulsorily if not fresh agreement has to be withdrawn for allotment proven in future.**
13. **Pay Slip with a seal and signature of Accounts Officer.**
14. **Provident Fund A/c No:-** (Attach a copy of PF statement)

(B). SPOUSE'S INFORMATION:-

DETAILS OF SPOUSE (if married, a copy of Citizen ID card & marriage certificate must be attached)

1. Name of Spouse: -New Citizen ID #-:.....Religion:-.....
2. District: -Block: -Village: -
3. Date of birth: -Day.....Month..... Year.
4. Occupation:-(If spouse is in the services of Govt. or private firm, the spaces provided below must be filled up):-
5. Organization:.....Division:.....
Sections:-.....Telephone:-.....(O).....(M)
6. Date of appointment:-..... Employee ID No:.....
7. Designation:-.....Present Grade:-..... Gross salary income Nu:

(C). INFORMATION OF CHILDREN:-

Sl. #	Name	Age	Gender	Occupation	Remarks
1.					
2.					
3.					
4.					
5					

(D). INFORMATION OF DEPENDENTS:-

Sl. #	Name	Age	Gender	Occupation	Relationship
1.					
2.					
3.					
4.					
5					

I hereby declare that the information provided above is true, complete and accurate to the best of my knowledge, and that I have not willfully suppressed any material facts. I fully understand that if I fail to comply with the terms and conditions of the Tenancy/Lease agreement and/or any of the above declarations are found to be untrue, the allotment of government quarter will be terminated with immediate effect.

(i). Tenant/applicant's Signature
Affix legal stamp (If quarter is availed).

Date:-.....

Verified by: (Signature):-

(ii).Name of Disbursing/concerned Account Personnel: - (iii). Name: -

(.....)

Imprint Official Seal.

Head of HRD or Administration Division

Imprint Official Seal.

FOR OFFICIAL USE ONLY:-

Cross-check/Checklist with relevant agencies: (information contents are true or not):-.....

Received and verified by:

Date:-.....

(i) Real Estate Officer (Rental & Record Unit, REMD)

(ii). Estate Manager (Allotment Unit, REMD).

(iii). General Manager (REMD)

Countersigned by:-

**Managing Director
National Housing Development Corporation. (NHDC)**