

FEDERAL GOVERNMENT EMPLOYEES HOUSING FOUNDATION (PHASE - I APARTMENTS)

APPLICATION No. (For FGEHF Use only)

APPLICATION FORM FOR ALLOTMENT OF APARTMENT BY FEDERAL GOVERNMENT EMPLOYEES ON OWNERSHIP BASIS IN **KARACHI**

PHOTOGRAPH

- a) Please use capital letters.
- b) Please $tick(\checkmark)$ the relevant box where necessary.
- No cutting / overwriting or ambiguous entries are acceptable. c)

1.	NAME OF THE APPLICANT: Mr./Mrs./Miss
2.	FATHER'S / HUSBAND'S NAME: Mr.
2.	NATIONAL IDENTITY CARD NUMBER OF THE APPLICANT: New (NADRA)
	Old (Attested copy to be attached)
4.	DATE OF BIRTH:
4.	CATEGORY OF APARTMENT FOR WHICH APPLIED: C D E (Please refer to "Eligibility & Entitlement" and select only one)
6.	TELEPHONE NOs: OFFICIAL: RESIDENTIAL:
	MOBILE:



Luxury Apartments, KDA Scheme-33, Gulzar-e-Hijri, Karachi

3903-4	
7.	BASIC PAY SCALE (As on 01.01.2016)
	(Regular as per Service Certificate) (Copy of attested notification / Office order to be attached)
8.	PRESENT POSTAL ADDRESS:
9.	PERMANENT POSTAL ADDRESS:
10.	PLEASE INDICATE AT WHICH ADDRESS YOU DESIRE
	CORRESPONDENCE: Permanent Present
	Postal
(Any s	subsequent change to be communicated to Housing Foundation immediately)
11.	DESIGNATION
10	NAME OF DEDARTMENT / ODC ANIZATION DRESENTLY
12.	NAME OF DEPARTMENT / ORGANIZATION PRESENTLY a) Present Department
	b) Parant Danartmant
	b) Parent Department



13. STATUS OF EMPLOYEE:

FEDERAL GOVERNMENT EMPLOYEE (Ministry/Division/Attached Deptt/ Sub-ordinate office)

EMPLOYEES AUTONOMOUS / SEMI AUTONOMOUS BODY, PUBLIC SECTOR CORPORATION, OTHER FDERAL GOVT. ORGANIZATION

FEDERAL EMPLOYEE ON DEPUTATION TO PROVINCIAL GOVERNMENT

(Please attach attested copy of the notification in support of this)

14.	DATE OF ENTRY	INTO FEDERAL	GOVERN	IMEN	SE	:RVI	CE	
				_			-	

(Attested copy of notification / office order of initial appointment to be attached)

YY MM DD

15. TOTAL LENGTH OF SERVICE AS ON 01.01.2016

16. QUOTA AGAINST WHICH APPLIED

Federal Government Employees (Ministry/Division/Attached Deptt/ Sub-ordinate office) Employees of Autonomous / Corporation and Other Federal Govt. Organization

Retired Federal Government Employees

17. NAME OF THE NOMINEE:

RELATIONSHIP WITH THE APPLICANT:

NOMINEE'S FATHER'S / HUSBAND'S NAME:																												

HIS / HER NATIONAL IDENTITY CARD NO.

(Attested copy to be attached)





18. Was Flat / Apartment in Islamabad or Karachi ever allotted to you or any member of your family (wife / husband, dependent children) by the Federal Government Employees Housing Foundation.

If yes, give particulars thereof.

,

- ii) Allotted by whom? _____
- iii) Flat / Apartment No._____
- iv) Sector ____
- 19. In case of being unsuccessful, the amount of seed money may be credit to my Bank

A/C	No		, Bank	Name
		Branch		
Citv				

- 20. I have fully understood and hereby agree to abide by the terms and conditions as given in the brochure titled HF Luxury Apartment Scheme for Federal Government Employees in Karachi and as amended from time to time by the Housing Foundation.
- 21. I hereby undertake:
 - i) To pay the cost of flat / apartment as determined and finally fixed.
 - ii) To clear all dues as given in the HF Luxury Apartments Payment Schedule at page # 18, to the terms and conditions of allotment of apartment and
 - iii) Not to claim any compensation from the Federal Government Employees Housing Foundation in case of any delay in the completion of the works and handing over physical possession of the apartment for reasons beyond its control.
 - iv) I am enclosing the following documents:
 - a) CERTIFICATE FROM THE DEPARTMENT: WITH WHICH SERVING./RETIRED .
 - b) UNDERTAKING FROM THE NOMINEE ON STAMP PAPER OF RS.50/- DULY ATTESTED BY A FIRST CLASS MAGISTRATE.
 - c) AFFIDAVIT ON STAMP PAPER OF RS.50/- DULY ATTESTED BY A FIRST CLASS MAGISTRATE.

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	Signature of the Applicant



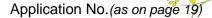
Service Certificate

Application No (as on page 19)

GOVERNMENT OF PAKISTAN
(Name of the Ministry / Department / Organization)
Date:
CERTIFIED THAT Mr. / Miss. / Mrs son
daughter / wife of Mr whose
date of birth is is employed as
in BPS as on 01.01.2016 or
regular basis (other than Selection Grade / Mover over, Acting charge, Adhoo
and deputation basis) in this office since He / She was
initially appointment in BPS w.e.f and has
year(s) month(s) days continuous
service at his / her credit. His / her date of attaining the age of superannuation
i.e. 60 years is (to be written both in figures
and words). As per declaration of assets he / she was allotted / not allotted a
flat or Apartment by FGEHF in Islamabad and Karachi, Particulars are
attached.

(Signature with date and official stamp of the Head of Deptt. or an Authorized Officer)





Undertaking from the Nominee

I, Mr. / Miss. / Mrs
Son / daughter / wife of Mr.
National identity card No
I have been nominated by Mr./Miss./Mrs
in respect of the apartment to be allotted to him / her. In this regard I undertake
to bear all his / her liabilities in respect of apartment to be allotted to him / her
in the event of his / her death without prejudice to the rights of the legal heirs
under the relevant law.
Attested by the applicant
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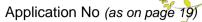
Note:

a) This undertaking is required to be given on a stamp paper of Rs.50/duly attested by First Class Magistrate.

(Signature of the nominee with name and postal address)

b) Nominee can only be one of the family members of the applicant i.e. husband / wife, son or daughter of the applicant.





Affidavit

I,son / daug	hter / wife
resident of	
do hereby solemnly affirm and declare:	
1) That I was never allotted a Flat / Apa	artment in Islamabad and Karachi
by Federal Government Employees Housing	Foundation.
2) That contents of this affidavit are true	ue and correct to the best of my
knowledge and belief and nothing has been o	oncealed or mis-declared. In case
the contents of this Affidavit on verification fr	om record or otherwise are found
to be incorrect the allotment made in my far	vor shall stand cancelled and the
amount deposited shall be forfeited by the	Housing Foundation besides my
disqualification from participation in this or a	ny other scheme of FGEHF. This
action shall be without prejudice to any oth	ner legal action that the Housing
Foundation may like to take.	
Witness:	Deponent:
1.	
2.	NIC No.

Note: This affidavit is required on the stamp paper of Rs.50/- duly attested by Magistrate First Class