

GOVERNMENT HOUSING BIO-DATA FORM

**Affix a
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.nhdcl.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.
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: -
9. **Quarter No:**
10. **Photocopy of new Citizen ID card must be attached.**
11. **A copy of a Tenancy Agreement (legal documents) signed between the housing authority & tenants must be enclosed.**
12. **Pay Slip with a seal and signature of Accounts Officer.**
13. **Provident Fund A/c No: - (Attach a copy of PF statement)**
14. **E-Mail ID.....Mail ID of Spouse.....**

(B). SPOUSE'S INFORMATION:-

DETAILS OF SPOUSE (if married)

1. Name of Spouse: -New Citizen ID #:-.....
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:-.....

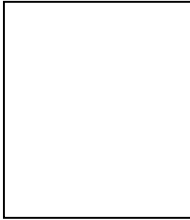
(C). INFORMATION OF CHILDREN:-

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 Agreement and/or any of the above declarations are found to be untrue, the allotment of NHDCL quarter may be terminated with immediate effect.



(i). Tenant/applicant's Signature
Affix legal stamp

Date:-.....

Verified by: (Signature):-

(ii). Name & Sign of Disbursing/concerned
Accounts Personnel
(.....)

(iii). Name & Sign of Head of HRD or Administration
Division
(.....)

Imprint Official Seal.

Imprint Official Seal.

FOR OFFICIAL USE ONLY:-

Received and verified by:

Date:-.....

(Signature)
Designation: Rental Officer
Section : REMS

(Signature)
Designation : Real Estate Officer
Section : REMS

Countersigned by:-

**General Manager
Real Estate Management Services
National Housing Development Corporation Limited**