

FORMAT OF INDEMNITY BOND

I, Smt/Shri/Dr.....aged.....years, D/O/ W/O/S/O
 Smt./Shri/Dr.....permanent resident of
 vill.....PO.....PS.....District.....at present
 residing At.....PO.....PS.....District.....do hereby swear
 and solemnly affirms.

That the following persons are the members of my family and related to me as noted in the statements given below:

Sl. No.	Full Name	Age	Marital Status	Relationship with the applicant
i				
ii				
iii				
iv				
v				

That I and/or my family members as mentioned above own or possess the following residential, commercial, shop-cum-residential plot or house, flat etc. within the limits of Bhubaneswar Municipal Corporation/ Bhubaneswar Development Authority Area.

Sl. No.	Name of the Owner	Plot/House No.	Mode of Acquisition of Property		Allotment Authority/ Transferor	Year of allotment
			Purchase (Lottery/Auction/Any other means)	sale		Ownership

Except plots/house/flat referred to above, I or my family do not own or possess any other plot/house/flat within Bhubaneswar Development Authority area. By this affidavit, I indemnify BDA to compensate any future loss of whatsoever in addition to right of BDA for cancellation of allotment at my cost and risk and initiation of criminal proceeding. I further undertake to return such allotment soon after termination of allotment by BDA on the ground of suppression of material facts for allotment of plots/flat/houses from BDA.

Signature of the Deponent

Smt/Shri/Dr.....aged.....years resident of
 Village.....PO.....PS.....district of.....at
 presentby profession.....who is identified by
 Sri.....Advocate appears before me and stated on oath/solemnly declared that the
 contents of this affidavit are true to the best of his/ her knowledge.

Deponent

Magistrate First Class/Executive Magistrate/Notary Public