

GOVERNMENT OF GOA
DIRECTORATE OF TRIBAL WELFARE
PANAJI-GOA

Application for availing Financial Assistance under “Atal Asra Yojana”

- For Construction of New House
 For Re-construction of Existing House
 For Repairs to existing House

Part – A

(To be filled in by the Applicant)

1. Full Name (in block letters):

Surname																				
First Name																				
Middle Name																				

Affix a self-attested
Passport size
Photograph

2. Father's/Husband's Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. Mother's Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. Permanent Address for correspondence:

i. House No.																				
ii. Ward No./Street/Road/Ward name																				
iii. City/Town/Village																				
iv. VP/Municipality																				
v. Taluka																				
vi. Assembly Constituency																				
vii. State																				
viii. Telephone/Mobile																				
ix. Email																				

5. Date of Birth:

Age:

--	--

6. Place of Birth:

District:

State:

--	--	--

7. Gender:

Male

Female

8. Nationality:

INDIAN

Marital Status:

Married

Unmarried

9. Scheduled Tribe Community:

Gawda

Kunbi

Velip

10. ST Certificate No. & Date

11. Aadhar Card Number

--	--

12. Details of family members in the household:

Sr. No.	Name	Gender	Age	Occupation	Relationship with Applicant

13. Applicant's Category:

- BPL Household (Yes/No) (if Yes, provide details).
- Household headed by Widow/Single women (Yes/No) (if Yes, provide details).
- Physically Handicapped (Yes/No) (if Yes, provide details).
- Household affected by calamity, fire etc. (Yes/No) (if Yes, type).
- Forest Dwelling Scheduled Tribe (Yes/No) (if Yes, which area).
- Other Household eligible under the scheme.

14. Whether applicant is a beneficiary of any housing scheme under:

- Indira Awas Yojana (Yes/No)
- Rajiv Awas Yojana (Yes/No)
- Ashray Aadhaar Yojana (Yes/No)

If Yes, provide details.

15. Details of Housing Benefit if already sanctioned (if answer is yes to item No. 13):

- Name of the Scheme: _____
- Sanction Order No. and Date: _____
- Sanctioning Authority: _____
- Benefit amount sanctioned: _____
- Balance amount yet to be released: _____

16. If BPL, Sr. No. in the BPL list: _____

17. Amount of benefit claimed under Atal Asra Yojana: _____

18. Annual family income of the Applicant: _____

19. Location details of new house to be constructed:

Survey No.	Sub-Div.	Village	Taluka	Area	Owner of the Land	If not owner, in what capacity land is possessed	Area of the land in possession of the Applicant

OR

19. Location details of reconstruction of existing house:

House No. as per house tax receipt	Name of the person in whose name house is registered in the Village Panchayat	Survey No. Village Taluka	Plinth area of the house	Owner of the land	Whether Mundkar of the house	If not the owner of the house, in what capacity occupying the house	Area of the land in possession of the Applicant

OR

19. Location details of house to be repaired:

House No. as per House Tax receipt	Name of the person in whose name house is registered in the Village Panchayat	Survey No. Village Taluka	Plinth area of the house	Owner of the land	Whether Mundkar of the house	If not the owner of the house, in what capacity occupying the house	Area of the land in possession of the Applicant

20. Details of bank account of beneficiary:

- (i) Name of the Bank: _____
 (ii) Bank Branch: _____ Full Address: _____
 (iii) Bank Account Number: _____
 (iv) MICR Code of Bank: _____ (v) IFSC Code of Bank: _____

21. Documents enclosed with the application:

For construction of new house	For repairs for existing house	For reconstruction of existing house
1. Affidavit	1. Affidavit	1. Affidavit
2. Sanction Order IAY/RAY (if any)	2. Sanction Order under IAY or RAY (if any)	2. Sanction Order under IAY or RAY (if any)
3. Detailed estimate of the Registered Engineer/Architect	3. Detailed estimate of the Registered Engineer/Architect/Mason/Self/Local Contractors.	3. Detailed estimate from registered Engineers/Architects/Mason/Self/Local Contractors
4. Any Ownership Documents:- Such as Sale Deed/Form I & XIV, Mundkar Certificate/NOC from Land Owner/any other documents proving ownership	4. Any Ownership Documents:- Such as Sale Deed/Form I & XIV, Mundkar Certificate/NOC from Land Owner/any other documents proving ownership	4. Any Ownership Document such as Sale Deed, Form I & XIV, Mundkar Certificate/NOC from Land Owner/any other document proving ownership
5. Construction License issued by Competent Authority	5. House Tax receipt	5. House Tax receipt
6. Income Certificate	6. Photograph of the existing house along with the applicant	6. Reconstruction License issued by competent authority
7. ST Certificate issued by competent authority of State of Goa	7. Income Certificate	7. Photograph of the existing house along with the applicant
8. Bank Pass Book copy	8. ST Certificate issued by competent authority of State of Goa	8. Income Certificate
9. Mandate form	9. Bank Pass Book copy	9. ST Certificate issued by competent authority of State of Goa
10. Copy of Ration card	10. Mandate form	10. Bank Pass Book copy
11. Copy of Aadhar card	11. Copy of Ration card	11. Mandate form
	12. Copy of Aadhar card	12. Copy of Ration card
		13. Copy of Aadhar card

Declaration

I, Shri/Smt. _____ do hereby declare that I shall comply to all the requirements of construction/norms of constructions and further declare that if it is found that I am granted benefit upon giving any false information, the sanctioning authority shall recover the amount as an arrears of Land Revenue besides any other action that may be taken against me as per the law in force, including penal action.

Date: _____

Place: _____

Signature of the Applicant

AFFIDAVIT

I, Shri/Smt. _____ Son/Daughter/Wife of _____,
aged _____ years, Indian National, Resident of House No. _____,
Wado/Ward _____ of Village _____ within the jurisdiction of
_____ Village Panchayat in _____ Taluka in _____ Goa
District, do hereby state on Oath as under:-

1. I say that I have applied for financial assistance under the Atal Asra Yojana for doing repairs/reconstruction to my existing house having House No. _____ for House Tax purpose.

OR

1. I say that I have applied for financial assistance under the Atal Asra Yojana for construction of New House.
2. I say that I have already availed benefit for housing purpose under Indira Awas Yojana (IAY)/Rajiv Awas Yojana (RAY) from the Department of _____ under Sanction Order No. _____ dated _____. However, it may be sanctioned additional financial assistance under the scheme Atal Asra for an amount of Rs. _____/-.

OR

2. I say that I have not availed any benefit for housing purpose under Indira Awas Yojana/Rajiv Awas Yojana from any Government Agency/Department. I therefore may be sanctioned financial assistance under the scheme Atal Asra Yojana for an amount of Rs. _____/-.
3. I say that my family annual income is Rs. _____/- from all sources and I belong to _____ community which is notified as Scheduled Tribe Community in the State of Goa. My family is in a need of Pucca housing shelter and I would like to avail financial assistance under Atal Asra Yojana.
4. I say that the land under survey No. _____ Village _____, Taluka _____, District _____ belongs to me where I propose to construct/reconstruct/repair the house.

OR

4. I say that the land under survey No. _____ Village _____, Taluka _____, District _____ belongs to my Brother/Mother/Father/_____ where I propose to construct/reconstruct/repair the house. It is in the name of Shri/Smt. _____. He/She is related to me as _____ NOC from _____ is produced by me where I propose to construct/reconstruct/repair the house.
5. I say that House Tax receipt is in my name for the house No. _____.

OR

5. I say that House Tax receipt for the house No. _____ is in the name of Shri/Smt. _____. He/She is related to me as _____. NOC from _____ to carry out reconstruction/repairs is produced by me.

OR

5. I say that house tax receipt for house No. _____ /under survey No. _____ Village _____, Taluka _____, District land belonging to _____ who is related to me as Father/Mother/Grand Mother/Grand Father who expired and the same is in my possession and no other family member will claim for the same. If at all, if there is any claim from my family members, I shall be sole responsible for such case.

6. I say that the house No. _____ does not fall in the Government Property.
7. I say that I shall carry out the construction in total compliance to the requirements/norms of construction.
8. I say that whatever stated in my application made for financial assistance under the scheme "Atal Asra Yojana" is fully correct and I would abide by all the conditions laid down in the scheme Atal Asra Yojana by the Department from time to time.
9. I say that I shall be liable for recovery of benefit sanctioned to me under the scheme as an arrears of Land Revenue and for such other criminal proceedings against me if any fact stated by me above is not true or is found to be incorrect or suppressed material fact that would make me ineligible for the benefit under the scheme.
10. I say that whatever stated above is true to the best of my knowledge and belief.

Solemnly affirmed at _____ on this day of the month of _____ of the year _____.

Deponent

Before me

Identified by

Directorate of Tribal Welfare
"Atal Asra Yojana"

MANDATE FORM

1. Name of the Applicant :
2. Address of the Applicant :
3. Mobile No./Phone No. of the Applicant :
4. Particulars of Bank Account
 - a) Name of the Bank :
 - b) Name of the branch :
 - c) Address of the branch :
 - d) 9 digit code No. of the bank and
branch as appearing on MICR cheque :
 - f) IFSC code (11 digit) of the branch :
 - g) Type of account :
 - h) Account No. (as appearing on cheque book) :

(In lieu of the bank certificate to be obtained as under, please attach a blank cancelled cheque or photocopy of the cheque issued by your bank of verification for the above particulars).

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I agree to discharge the responsibility expected of me as a participant under the scheme.

Signature of the Applicant

Certified that the particulars furnished above are correct as per our records

Bankers Stamp

Date:

Signature of the authorized

Official of the Bank

Note: All columns/dates should be filled in block/capital letters.