



NEW PESHAWAR VALLEY PROJECT KHYBER PAKHTUNKHWA HOUSING AUTHORITY

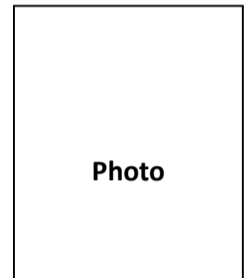
Application Form No. _____ Challan No. _____ Dated _____

IMPORTANT:

1. No column is to be left blank.
2. Misuse of this form shall result in initiation of criminal proceedings by PDA.
3. Form is to be used only by the applicant (s) in whose name it is issued.
4. Affidavit is to be submitted on the stamp paper of Rs. 100/-

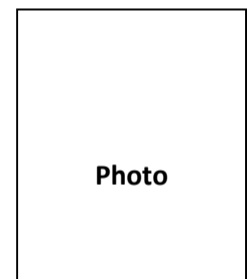
A. Name(s) of the Applicant(s):

1. Mr. /Mrs. _____
S/D/W of _____
CNIC No. _____
R/O _____



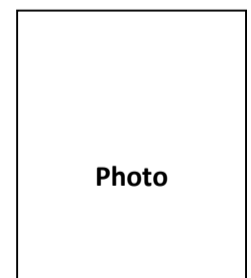
Signature _____ Thumb Impression _____

2. Mr. /Mrs. _____
S/D/W of _____
CNIC No. _____
R/O _____



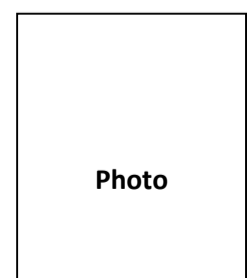
Signature _____ Thumb Impression _____

3. Mr. /Mrs. _____
S/D/W of _____
CNIC No. _____
R/O _____



Signature _____ Thumb Impression _____

4. Mr. /Mrs. _____
S/D/W of _____
CNIC No. _____
R/O _____



Signature _____ Thumb Impression _____

B. Details of Ownership:

1. Mouza _____ District _____

2. Khasra (s) No. _____

3. Total Area _____

C. Detail of Sale Deed (s) & Mutation (s) Exceed Favour of Applicant (s):

1. Mutation No. _____ Mouza _____ Date _____

2. Mutation No. _____ Mouza _____ Date _____

3. Mutation No. _____ Mouza _____ Date _____

D. Particulars of General Power of Attorney:

Name _____ S/D/W _____

CNIC No. _____

R/O _____

Document No. _____ Book No. _____ Volume No. _____ Date _____

Registration Office _____

Signature _____ Thumb Impression _____

E. Witness:

Name _____ S/D/W _____

CNIC No. _____

R/O _____

Signature _____ Thumb Impression _____

F. Issuing Official of NPV/KPHA:

Name _____

Designation _____

Signature _____ Stamp _____

List of Documents required for submitting Application:

1. Latest Fard-e-Malkiat issued & signed by the concerned Service Delivery Center or Revenue Formation in the name of New Peshawar Valley Project /KPHA.
2. Attested Copy of General Power of Attorney by the Office of the Sub-Registrar.
3. Attested Photographs 02 each for Land Owner and Attorney Holder.
4. CNICs of Land Owner / Attorney Holder and Witness.
5. Affidavit of Rs. 100 on Stamp Paper regarding Ownership and Possession.
6. Copy of the paid Challan of Application Form Fee.

G. Receiving Official of NPV/KPHA:

Name _____

Designation _____

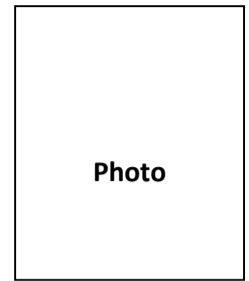
Signature _____ Stamp _____

Date:- _____

Extra Sheet

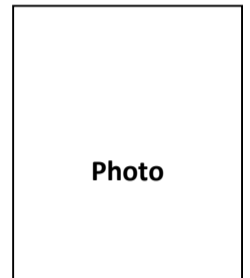
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CNIC No. _____
R/O _____



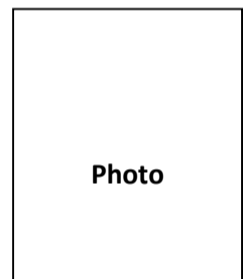
Signature _____ Thumb Impression _____

2. Mr. /Mrs. _____
S/D/W of _____
CNIC No. _____
R/O _____



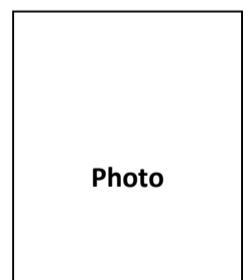
Signature _____ Thumb Impression _____

3. Mr. /Mrs. _____
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CNIC No. _____
R/O _____



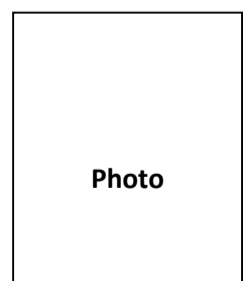
Signature _____ Thumb Impression _____

4. Mr. /Mrs. _____
S/D/W of _____
CNIC No. _____
R/O _____



Signature _____ Thumb Impression _____

5. Mr. /Mrs. _____
S/D/W of _____
CNIC No. _____
R/O _____



Signature _____ Thumb Impression _____