



# EHPRO LIFESTYLE RESIDENCY G-13, ISLAMABAD

M/s EHPRO (Pvt.) Ltd. (A SPV between FGEHA & M/s Progressive Motel & Resorts (Pvt.) Ltd.  
Under Prime Minister's Housing Program) for Federal Government Employees and General Public  
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# EHPRO

## APPLICATION FORM

**Note: Please read "GUIDELINES" and "TERMS & CONDITIONS" before filling this Application Form.**

Latest Picture  
1" x 1" Size

1. Application form No:  (For Office Use Only)

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

2. Quota Code:

3. Category Wise Seniority No (For office use only):

4. Date of Membership:  -  -

5. Type of Apartment for which applied:      A     B     C     D     E

Sft	2050	1750	1350	1150	950
BPS	20-22	18-19	16-17	10-15	1-9

6. Floor #

7. Corner      Yes   
                  No

### PERSONAL INFORMATION

8. Name of Applicant      Mr.       Mrs.       Miss

9. Father's/ Husband's Name      Mr.

10. CNIC #:

11. Date of Birth:  -  -

12. Phone Number (Residence) with Area Code:

13. Mobile Number:  0 3  -

14. Marital Status       15. Religion

16. Post Code

17. Domicile:

18. Present Postal Address

19. Permanent Postal Address

20. Mailing Address Preference:      a. Present Address:       b. Permanent Address:

21. Email Address:

### OFFICIAL INFORMATION (Govt. Employees only)

**Note: Information mentioned below is required from government applicants whether "In Service"/"Retired"/"Deceased":**

22. Service Status

a. In Service:

b. Retired before 01/07 /2009:

c. Retired after 01/07 /2009:

d. Deceased:

23. Date of Joining Govt. Service:  -  -

24. Date of Retirement:  -  -

25. Died During Service:      Yes       No

26. Date of Death (in case spouse is applying for deceased):  -  -

27. Designation / Rank:

28. Present Grade:

29. Present Department:

30. Parent Department:

31. Date of Promotion in Present Grade  
 -  -

32. Date of Posting at Present Post:  
 -  -

33. Phone Number (Official):

34. Fax Number (if available):

35. National Tax Number (NTN):  
      -

**VERIFICATION OF SERVICE PARTICULARS (Govt. Employees only)**

36. Name of Head of Parent Department:

37. Designation of Head of Parent Department:

38. Mailing Address of Head of Department:

39. Name of Husband/Wife (in case of deceased):

40. CNIC Number of deceased:  
 -

41. Phone Number of Head of Department (Official):

42. Length of Service:  
 Y Y - M M - D D

43. Employment Status

**NOMINEE INFORMATION**

44. Name of the Nominee:

45. Father's/Husband's Name:

46. CNIC Number of Nominee:  
 -

47. Age of Nominee:

48. Relation (Code)

**PREVIOUS ALLOTMENT DETAIL (IF ANY)**

49. Has an apartment/house/residential plot in Islamabad ever been allotted to you by the Capital Development Authority or Federal Government Employees Housing Authority or Pakistan Housing Authority Foundation or any other Government agency?  
 Yes  No

50. If Yes, give the particulars thereof:

51. Date of Allotment  
 -  -

52. Allotted by whom:  
 a. CDA  b. FGEHA  c. PHAF  d. Other

53. Apartment/House/Plot No

54. Block/Street No:

55. Sector

**BANK DETAIL**

56. Amount deposited as: Cash  Demand Draft  Pay Order

57. If DD/PO then Name of Bank with Branch:

58. DD/PO Number

59. Date of DD/PO  
 -  -

60. Amount:

**FAMILY DETAIL**

61. Is spouse in Federal Government Service?: Yes  No

62. Organization where spouse employed:

63. Post/Designation of spouse:

64. Station:

65. Size of family (Legal Heirs including Spouse, Sons, Daughters, Step Sons, Step Daughters):

a. Spouse	<input type="text"/>	b. Sons	<input type="text"/>	c. Daughters:	<input type="text"/>	d. Step Sons	<input type="text"/>
e. Step Daughters	<input type="text"/>	f. Brothers	<input type="text"/>	g. Sisters:	<input type="text"/>	h. Others	<input type="text"/>

(If unmarried please give Brothers, Sisters, Mother and Father detail as under)

66. Detail of family members (attach another sheet if family detail does not fit in below table):

Name of Family Member	Relation Code	CNIC	Date of Birth (DD/MM/YYYY)

67. Attached Color Photocopy of CNIC.

FRONT SIDE OF CNIC	BACK SIDE OF CNIC
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**UNDERTAKING**

I hereby solemnly undertake that:

- i. The information provided in this form is true.
- ii. I confirmed that I have fully read understood the Terms & Conditions and do hereby agree to abide by the same in letter and spirit.
- iii. I am enclosing all the necessary documents required for allotment.
- iv. I agree to pay the cost of apartment as determined and finally fixed by EHFPRO.
- v. I agree to clear all dues as per the payment plan.
- vi. I agree not to claim any compensation from M/s EHFPRO in case of any delay in the completion of the works and handing over of the physical possession of the apartment for any justifiable reason.
- vii. I solemnly affirm that there is no concealment or misrepresentation of facts stated herein above and that EHFPRO reserves the right to forfeit all dues deposited by me and cancel my apartment in case of breach of this undertaking.
- viii. EHFPRO reserves the right, inter alia, to make such minor change in the design, specifications, price and site etc. as EHFPRO may deem fit in the best interest of the project.

\_\_\_\_\_  
Signature of Applicant

-  -   
Date

EHFPRO MEMBERSHIP LIFESTYLE RESIDENCY RECEIPT		Scroll Copy
1. Name of Applicant Mr./Miss/Mrs.	<input type="text"/>	
3. CNIC	<input type="text"/>	
5. Askari Bank/ MCB Bank Branch	<input type="text"/>	
7. Contact No	<input type="text"/>	
<input type="text"/> - <input type="text"/> - <input type="text"/>		Date
2. PO/DD/Cash:	<input type="text"/>	
4. Amount (Membership Fee):	<input type="text"/>	
6. Branch Code:	<input type="text"/>	
8. Type of Apartment	<input type="text"/>	
_____ Signature & Stamp of Bank Officer/Teller		



MEMBERSHIP LIFESTYLE RESIDENCY RECEIPT

EHFPRO

1. Name of Applicant Mr./Miss/Mrs.

3. CNIC

5. Askari Bank/ MCB Bank Branch

7. Contact No

Date

2. PO/DD/Cash:

4. Amount (Membership Fee):

6. Branch Code:

8. Type of Apartment

Signature & Stamp of Bank Officer/Teller



MEMBERSHIP LIFESTYLE RESIDENCY RECEIPT

Bank Copy

1. Name of Applicant Mr./Miss/Mrs.

3. CNIC

5. Askari Bank/ MCB Bank Branch

7. Contact No

Date

2. PO/DD/Cash:

4. Amount (Membership Fee):

6. Branch Code:

8. Type of Apartment

Signature & Stamp of Bank Officer/Teller



MEMBERSHIP LIFESTYLE RESIDENCY RECEIPT

Customer Copy

1. Name of Applicant Mr./Miss/Mrs.

3. CNIC

5. Askari Bank/ MCB Bank Branch

7. Contact No

Date

2. PO/DD/Cash:

4. Amount (Membership Fee):

6. Branch Code:

8. Type of Apartment

Signature & Stamp of Bank Officer/Teller

## GUIDLINES FOR APPLICATION FORM

**Note: Please read all the Terms & Conditions before filling of form.**

1. Use "BLUE" ball point to fill the application form.
2. Use "Block" letters to fill the form.
3. Tick the relevant square and no cutting overwriting or ambiguous entries are acceptable.
4. Write the Category for which you have applied and deposited the membership fee.

Type of Apartment:	A	B	C	D	E
Basic Grade	20-22	18-19	16-17	10-15	1-9
Gross Covered Area	2050	1750	1350	1150	950

5. Membership fees is Rs.100,000/- (One Hundred Thousand Rupees Only) for all quotas.
6. Write the code of Quota from the following quota's as per you entitlement:

Code	Quota's Description	%age
F G	Federal Government Employees (Ministries/Divisions/Attached Departments & there subordinate offices) in service	52
O R	Old Retirees (Retired before (01-07-2009) of FG Employees	10
N R	New Retirees (Retired after (01-07-2009) but did not apply during service) of FG Employees	10
A B	Autonomous Bodies in service	8
A R	Autonomous Bodies (Retired)	2
J R	Journalists	2
M W	Media Workers	2
C S	Constitutional in Service	2
P R	Professional in Service	2
H A	Employees of Housing Authority in service	1
H W	Employees of Ministry of Housing & Works & its attach departments in service	2
W S	Widow of FG Employees (Ministries/Divisions/Attached Departments & their subordinate offices) including PM Assistance Package	4
D S	Major Disability FG Employees (Approved by the Medical Board) and those recruited against disability quota	3

G P	General Public (All Pakistani Nationals are eligible to apply)	
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7. Write all the relevant "Personal" & "Official" information whether in service, retired or deceased.

8. Write a code of Domicile from the following:

Code	PROVINCE
F R	Federal
P U	Punjab
S U	Sindh Urban
S R	Sindh Rural
K P	Khyber Pakhtoon Khawa
B A	Baluchistan
F A	FATA
G B	Gilgit Baltistan
A K	Azad Jammu Kashmir

9. Write a code of Marital Status from the following:

Code	MARTIAL STATUS
1 0	Single
2 0	Married
3 0	Divorced
4 0	Widow
5 0	Widower

10. Write a code of Religion in the relevant column:

Code	RELIGION
1 0	Islam
2 0	Christian
3 0	Hindu
4 0	Scheduled Caste
5 0	Others

11. Write a code of Employment Status from the following:

Code	EMPLOYMENT STATUS
1 0	Regular
2 0	Temporary
3 0	Contractual
4 0	Work Charge
5 0	Daily Wages

12. PRESENT GRADE is your Current Basic Pay Scale in which you are serving/retired or in case of widow the scale of her husband.
13. In case of widow, Applicant's Name will be the name of widow and service particulars would be her husband's who died during service.
14. Valid contact numbers are mandatory especially Mobile Number. Also if you have your E-mail Address please don't forget to write. Mobile and E-mail will be used for giving you the updated informations.
15. Write a code in Relation Code from the following:

Code	RELATIONSHIP
0 1	Father
0 2	Mother
0 3	Wife
0 4	Husband
0 5	Son
0 6	Daughter
0 7	Step Son
0 8	Step Daughter
0 9	Brother*
1 0	Sister*

\* If no one in family members is alive then give details.



## TERMS AND CONDITIONS

*Note: Please read all the Terms & Conditions for allotment of Apartment*

### GENERAL

1. The allottee shall comply with and abide by the rules, regulations, by laws, orders and/or directions that may be issued by M/s EHFPRO (Pvt.) Ltd. from time to time.
2. Incomplete application forms will not be entertained.
3. Apartment allotted to an applicant should not be used for any purpose other than residential.
4. Excess charges, if any, will be levied under extremely unavoidable circumstances for which the client shall be taken into confidence prior to levy of such charges.
5. The allottee shall pay all taxes, charges etc., if any, to the government agencies/authorities under the laws/rules/orders in force or that may come into force at a later stage.
6. EHFPRO shall maintain steady progress of work according to the plan. However, EHFPRO does not accept responsibility for any delay in completion due to unforeseen circumstances or if allottees do not make payments according to the payment schedule.
7. EHFPRO retains and reserves the right at all times to make any changes in designs and specification of the project.
8. In case of any dispute between the allottee and EHFPRO, the dispute will be referred to Executive Committee of Housing Authority, whose decision shall be final and binding on parties to the dispute.
9. Every applicant will abide by these Terms & Conditions in addition to the bye-laws, rules and regulations governing allotment, possession, ownership, transfer, NOC, Mortgage etc., enforced from time to time by EHFPRO and any other civic agency.
10. Allottee in possession will bear expenses of all civic facilities availed in future with change of rates as and when required.
11. Allottee is bound to submit the original receipts whenever required and particularly at the time of transfer / handing over of possession to allottee by EHFPRO.
12. Apart from the price of apartment, the allottee will also pay documentation charges for leases, connections and meter charges of electricity, water and gas etc.
13. All common passages, services/amenities and the landscaped areas shall neither be constructed upon nor inappropriately utilized or rented out but will be exclusively used for purposes they are meant for.
14. All orders and instructions issued by EHFPRO from time to time and decisions taken in regard to the scheme shall be binding on all concerned.

### ELIGIBILITY

15. Priority shall be given to those applicants who:
  - i. have not been allotted a house/flat or plot in Islamabad by Capital Development Authority or Federal Government Employees Housing Authority or Pakistan Housing Authority. Foundation or any other Government agency at any time irrespective of whether it was retained or disposed off. Each applicant shall have to submit an affidavit to this effect duly countersigned by a First Class Magistrate.
  - ii. If at any stage, contents of the Affidavit are found to be fictitious or false or any material facts are found to have been concealed/misstated or suppressed deliberately and knowingly or otherwise, the allotment shall be cancelled, the money deposited shall be forfeited and such legal action as deemed appropriate will be taken.
  - iii. In case both husband & wife are govt. servants then both are eligible for the allotment of apartment as individual service benefit, if they have not been earlier allotted house/plot/apartment by federal government agency as stated above.
16. Applicants are entitled to apply for any type of apartment according to or below their entitlement. However allotment in higher category is not admissible.
17. Seniority of the applicants shall be maintained on the basis of "First Come First Serve" basis. In case of tie between applicants applying on the same day, criteria of "Age-wise Seniority" shall apply to determine their inter-se seniority. If again tie arises then selection shall be made on the basis of length of service and finally on the basis of grade.
18. Contractual/daily wages/work charge/contingent employees are not eligible.

### ALLOTMENTS

19. Allotment under the terms & conditions shall be confirmed through Provisional Allotment Letter, which will be issued after receipt of application form and down payment as per payment schedule.
20. Allotment of apartments is subject to confirmation of service particulars from concerned department
21. Final letter of allotment will be issued on receipt of total payment and fulfillment of aforementioned terms and conditions.

I confirm that I have fully read, understood the above Terms and Conditions and do hereby agree to abide by the same.

\_\_\_\_\_  
Signature of Applicant

