

FORMAT FOR FILING COMPLAINT BEFORE AUTHORITY

HARYANA REAL ESTATE REGULATORY AUTHORITY, PANCHKULA

COMPLAINT NO.

PARTIES NAMES (AS PER PROFORMA-B)

COMPLAINANT (NAME OF COMPLAINANT, FATHERS NAME AND DETAIL ADDRESS, EMAIL AND MOBILE NUMBER.)

V/s

RESPONDENT (NAME OF RESPONDENT, DETAIL OF ADDRESS, REGISTERED AND FOR SERVICE OF NOTICE, EMAIL AND MOBILE NUMBER.)

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SR NO	CONTENTS	DATES	PAGE NO.
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1. PRINT OUT OF THE REGISTRATION OF THE COMPLAINT ON THE WEBSITE OF THE AUTHORITY
2. LIST OF DATES
3. BRIEF FACTS
4. ISSUES TO BE DECIDED
5. RELIEF SOUGHT
6. AFFIDAVIT
7. ANNEXURES (MARKED SEPARATELY EACH ANNEXURE 1 TO 10)

LIST OF DATES

DATE	EVENT
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BRIEF FACTS

DETAILS OF THE AMOUNT PAID BY THE COMPLAINANT TO THE RESPONDENT

REGULATION 8(DD)

AMOUNT PAID	DATE OF PAYMENT	MODE OF PAYMENT CASH/CHEQUE/DD	PROOF OF PAYMENT	PAGE NO. OF THE PAPER BOOK AT WHICH PROOF IS ATTACHED

REGULATION (DDD)

AMOUNT FOR WHICH INTEREST CLAIMED	AMOUNT OF INTEREST CALCULATED TILL THE DATE OF INSTITUTION OF COMPLAINT	RATE AT WHICH INTEREST CLAIMED

ISSUES TO BE DECIDED

1. 1 TO 5 WHETHER -----

RELIEF SOUGHT

ALL RELIEFS SOUGHTS SHOULD BE CLEARLY MENTIONED AND GIVING SR NO. EACH 1 TO 5

AFFIDAVITS

(A SELF ATTESTED AFFIDAVIT ON Rs. 10 STAMP PAPER SHALL BE SUBMITTED BY THE COMPLAINANT IN THE FOMAT GIVEN BELOW)

I -----, S/o -----, R/o----- DO HEREBY SOLEMNLY AGGIRM AND STATE AS UNDER:

1. THAT ALL THE FACTS AND SUBMISSIONS MADE IN THIS COMPLAINT ARE TRUE AND CORRECT AND NOTHING MATERIAL HAS BEEN CANCEALED.
2. THAT NO SIMILAR COMPLAINT IS PENDING BEFORE THE ANY OTHER AUTHORITY, COURT OF LAWM CONSUMER COMMISSION OR ANY OTHER TRIBUNAL (IF IT IS PENDING, THE DETAILS THEREOF SHOULD BE GIVEN).
3. THAT A DRAF/BANKER'S CHEQUE BEARING NO.----- DATED----- OF ----- BANK OF Rs----- IS ANNEXED AS PRESCRIBED FEE.
4. A SELF ATTESTED COPY OF RESIDENCE PROOF IS ANNEXED.

DATE:-----

PLACE:.....

DEPONENT

VARIFICATION:

THE STATEMENT MADE ABOVE ARE TRUE TO MY KNOWLEDGE.

DATE:-----

PLACE:.....

DEPONENT

EACH DOCUMENT IS REQUIRED TO BE MARKED AS ANNEXUER

VAKALAT NAMA

(STAMP OF WELFARE SHOULD BE FIXED)

