

# Project Application Form

## Promoter Details

Name*		Father's Name*	
PAN No*		Machine Number*	
Mobile No*		Telephone Number*	
FAX Number		E-Mail*	
Occupation		Address Line 1*	
State*		Address Line 2*	
Pin code*		District	

## If it is a firm

Name of the Firm / Company*	Doshi Housing Private Limited	Copy of the Registration Certificate*	Enclosed
Address*	Doshi Towers, 9 <sup>th</sup> Floor, No.156, Poonamallee High Road, Kilpauk, Chennai - 600010	Name and Photograph and address of Chairman of the Governing Body / Partner / Director etc.,*	Enclosed
Mobile No*	9282233363	MoA subjects*	MOA + AOA
Telephone No	044 43539150 / 60		Enclosed
FAX Number			
E Mail	info@doshihousing.com		
State*	Tamil Nadu		
Pin code*	600010		

Previous Project Details (Last 5 Years only)

Project Name*	EUPHORIA WELLSPRING
Current Status	Completed CC Applied
Category of Building	Residential
Is there any Case Pending	No
Address	Perungudi Vengalvasal

Project Description (Max 500 Characters)	Residential Building Consisting of 67 units and 75 units
State	Tamil Nadu
District*	Chennai
Pincode	600096 600075