

GOVT. OF N.C.T. OF DELHI
MAULANA AZAD MEDICAL COLLEGE
 and Associated Lok Nayak Hospital, GIPMER &
 Guru Nanak Eye Centre, 2, B.S.Z. Marg, New Delhi-02
 (Estate Cell) 011-23239271, Extn.215.

APPLICATION FORM FOR GOVT. ACCOMMODATION (MAMC CAMPUS)
TYPE - III(SR) CATEGORY (2018-2019)

Please affix
duly attested
pass port size
photograph.

SL. NO. _____

DATED: _____

LAST DATE :- 16.07.2018 UPTO 3.00 P.M. Place of Submission :- R & I Section

APPLICATION FOR ALLOTMENT OF RESIDENTIAL ACCOMMODATION IN THE
MAULANA AZAD MEDICAL COLLEGE RESIDENTIAL COMPLEX (2018-19)

(TO BE FILLED UP BY THE APPLICANT)

- Please read instructions carefully before filling the form. Incomplete applications will be rejected without any further reference.
- **Please fill up the form neatly in Block letters.**
- Please fill up dates as DD/MM/YYYY.
- Please tick wherever required to do so.
- **Advance copies will be entertained subject to the receipt of application through proper channel later.**

1)	Name of Applicant		
2)	Father's/Husband Name		
3)	Department/Office		
4)	Institution to which the applicant belongs MAMC/LNH/GIPMER/GNEC/MAIDS		
5)	Designation/Empl. I.D.		
6)	Date of Birth		
7)	Marital Status (Married/Unmarried)		
8)	Date of Joining in Govt. Service		
9)	Date of Expiry of tenure		
10)	Whether appointed on Regular/Adhoc basis.		
Type	Eligible grade Pay (As per 6th CPC)	Pay level & pay structure (As per 7th CPC)	Basic Pay (Please enclose salary slip)
III(SR)	Rs. 4,200- Rs.4,800/-	06. Rs.35400-112400 07. Rs.44900-142400 08. Rs.47600-151100	
11)	<u>Please indicate your preference by giving serial number in order of your choice to each floor.</u>		
	GROUND FLOOR	1st FLOOR	2nd FLOOR
			3rd FLOOR

(SIGNATURE OF APPLICANT)

12)	<u>Detail of Family Members.</u>			
S.NO.	Name	Age	Sex	Relation with applicant.
13)	Whether applied for govt. accommodation earlier (Yes/No), if yes, year should be mentioned.			
14)	Whether the govt. accommodation was allotted earlier. If yes, whether accepted or not. If not accepted, the reasons for non-acceptance be mentioned.			
15)	If accepted, the details of the allotted government accommodation be mentioned.			
16)	Have you ever been debarred from allotment of government accommodation? If yes, the reasons and the date up to which you were debarred be mentioned.			
17)	Do you/your spouse/your children own a house within the jurisdiction of local municipality or any adjoining municipality? If yes, indicate the status of the same.			
	Owner	Relationship with the applicant	Address of the house	Rental income, if any
18)	Permanent address of the Applicant/Native Place.			
19)	Present address of the applicant			
20)	Place of duty of the applicant.			
21)	Are you/your spouse occupying accommodation allotted by Directorate of Estate/Govt. of Delhi/Govt. of India /or any other? If yes, please give details:			
	Accommodation allotted by	Name, Desig. & office address of allottee	Type of accommodation & Address	Date of Allotment
22)	Whether SC/ST/others			

(SIGNATURE OF APPLICANT)

DECLARATION.

I certify that I or my wife/husband or children do not own a house in Delhi.

I have read and agreed to abide by the M.A.M. College and Associated Hospital (Allotment of Residence) Rules, 1977 and instructions issued from time to time.

I will not sublet the govt. quarter allotted to me and will not erect un-authorized construction in and around the quarter.

I am aware of the penalties to be imposed in the event of refusal of acceptance of allotment of accommodation.

I certify that information given in the application of residential accommodation is correct and I will be held responsible in case, the information furnished, is found incorrect and face actions as per Govt. rules.

DATE: _____

(SIGNATURE OF APPLICANT)

NAME: _____

Contact number.....

Email id.....

Forwarded

DATE:
(WITH STAMP)

SIGNATURE OF HEAD OF DEPARTMENT

TO BE COMPLETED BY THE ADMINISTRATIVE AUTHORITY OF THE APPLICANT.

The facts stated by the applicant have been verified and found correct. He/she is to retire from Govt. service on _____.

(ADMINISTRATIVE OFFICER)
(WITH STAMP)