

APPLICATION FOR ALLOTMENT /
CHANGE OF ACCOMMODATION FOR THE
ALLOTMENT PERIOD

- 1 PN:
- 2 NAME IN FULL (BLOCK LETTERS)
- 3 DESIGNATION
- 4 PLACE OF DUTY &
OFFICE ADDRESS
- 5 DATE OF APPOINTMENT IN CSD
- 6 DATE OF PROMOTION TO THE PRESENT GRADE
- 7 WHETHER BELONGS TO SC / ST
- 8 PARTICULARS OF EMPLOYMENT AS ON 01/01/2013
(Copy of salary slip to be enclosed)

| | |
|-------------|-----------|
| BASIC PAY | GRADE PAY |
| SPECIAL PAY | HRA |
| CCA | |

| TYPE | GRADE PAY |
|-------|-------------------------------|
| I/A | 1300, 1400, 1600, 1650, 1800. |
| II/B | 1900, 2000, 2400, 2800. |
| III/C | 4200, 4600, 4800. |
| IV/D | 5400, 6600. |

FAMILY DETAILS OF EMPLOYEES WHO WOULD STAY WITH HIM / HER IN THE QUARTER.

| Name | Age | Relationship |
|---------|-----|--------------|
| 1 _____ | | |
| 2 _____ | | |
| 3 _____ | | |
| 4 _____ | | |
| 5 _____ | | |

3 THE DETAILS OF ACCOMMODATION HELD W.E.F _____

| | | | |
|--|--|--|--|
| | | | |
| | | | |

8 CHANGE OF ACCOMMODATION ALREADY MADE IN THE PAST IF ANY AND REASON.

| | | | |
|--|--|--|--|
| | | | |
| | | | |

4 DO NOT OWN A HOUSE IN MY NAME/ MY SPOUSE / MY CHILDREN WITHIN THE JURISDICTION OF MUNICIPALITY OR ADJOINING MUNICIPALITY LIMIT. IF YES, PARTICULARS OF THE HOUSE IS AS UNDER.

DECLARATION

- 1 I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.
- 2 I AGREE TO ABIDE BY THE ALLOTMENT OF GOVT RESIDENCE RULE SUPPLEMENTARY RULE 317-B AS AMMENDED FROM TIME TO TIME AND RELEVANT TO ACCOMMODATION ALLOTTED TO ME.
- 3 I AM AWARE OF THE ACTION TO BE TAKEN IN THE EVENT OF REFUSAL OF ACCOMMODATION OF THE ENTITLED TYPE WHEN ALLOTTED BY THE DEPARTMENT.

Date:

Signature of the applicant

Remarks of the forwarding officer of Head Office / Mumbai Base Depot / Depot Manager

Date:

Signature of DGM / AGM / Manager