

Date:

**Application for sharing of Departmental accommodation.**

Sr No	PN & NAME OF ALLOTTEE	DESIGNATION	POSTED AT	OR No	DETAILS OF FAMILY MEMBERS		
					NAME	AGE	RELATIONSHIP

Sr No	NAME OF SHARER	DESIGNATION	POSTED AT	RELATIONSHIP IF ANY WITH ALLOTTEE	AMOUNT OF RENT AGREED TO BE PAID TO THE ALLOTTEE	DURATION OF SHARING OF ACCOMMODATION	IF THE SHARER HAS HIS FAMILY ALSO, DETAILS

Certified that the above information is correct

Signature of Allottee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Sharer \_\_\_\_\_ Date \_\_\_\_\_