



GOVT. OF N.C.T. OF DELHI

## MAULANA AZAD MEDICAL COLLEGE

and Associated Lok Nayak, Govind Ballabh Pant Hospital &  
Guru Nanak Eye Centre, 2, B.S.Z. Marg, New Delhi-02  
(Estate Cell)

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NO.F./Allotment/MC/EC/2014/

DATED: 21.10.2015

### **NOTICE**

This is for information of all eligible applicants of Maulana Azad Medical College and associated Lok Nayak Hospital, GIPMER, Guru Nanak Eye Centre and Maulana Azad Institute of Dental Sciences that as per recommendation of the allotment committee and approval of Dean, MAMC, **the priority/existing list for change of govt. Accommodation for Type-I to Type-IV category is hereby scrapped as it is four (04) years old.**

**Further, this is to inform that the Committee recommended that the seniority of existing applicants should remain subject to the condition, that applicant should apply for renewal for change w.e.f. 21-10-2015 to 06-11-2015 on the prescribed proforma for change.**

**If they don't apply for renewal of stipulated time period, their earlier application for change will stand cancelled. However, fresh applications (on prescribed proforma) may also be accepted throughout the year from the new allottees.**

Application form for change duly completed in all respect, verified and forwarded by the concerned HODs (through proper channel) should reach to the R & I Section, Room No.18, Main Administrative Block, MAMC, New Delhi **latest by 06-11-2015 upto 03:00 pm.** Application (for renewal for change) received after last date will not be entertained.

**The form can be downloaded from the website of MAMC ([www.mamc.ac.in](http://www.mamc.ac.in)).**

This issues with the prior approval of the Competent Authority.

**Admn. Officer (Estate)**



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(Estate Cell) Ph. No.23239271 Extn.215

### Application for change of accommodation under SR 317-B-15

**Note:** Application should be forwarded by Head of department with their recommendations, if any. Incomplete application form will not be considered and will be rejected.

#### Instructions:-

- Please fill up the form in **BLOCK LETTERS** only.
- Fill dates as day (01-31), month (01-12) & year (2015) in the format DD-MM-YYYY.

1)	Name	Shri /Smt ./Dr.							
2)	Designation / Emp.ID.								
3)	Department where at present working								
4)	Present place of posting in department.								
5)	Address of current accommodation where at present residing.								
6)	Date of occupation of present accommodation.	d	d	m	m	y	y	y	y
7)	Permanent address (if any)								
8)	Telephone/Contact No., if any.								
9)	Whether any change has already been allowed earlier :-	Yes	( )	No	( )				
10)	In case, Change is required on medical grounds, please fill-up the following.								
a)	On medical grounds of (please tick) in relevant column.								
	Self								
	Dependent. In case, dependent, please fill-up the name of dependent.								
	Relation with applicant								
	Whether the Certificate showing the relation-ship between applicant and patient attached. Please tick in the relevant column.	Yes.		No.					
b)	Disease.								
	Whether Original copy of medical certificate is attached. ?	Yes.		No.					

	Whether photocopy and signature of patient and token number of CGHS Card of the applicant are on the certificate.	Yes.	No.
	In case of T.B., whether X-RAY is attached?	Yes.	No.
	In case of physically handicapped, whether full photograph showing disability/deformity is affixed on the certificate. ?	Yes.	No.
c)	Have You been allotted Govt. accommodation on medical grounds earlier ?	Yes.	No.
	If yes, then give full details.		
	Whether specific recommendation from Head of Department/Administration is enclosed.	Yes	No.
11	Whether apply for renewal for change if applied earlier	Yes	No
	(If yes, please attach the copy of earlier application)		

**DECLARATION.**

- a) I have not availed change of residence earlier in the type of accommodation presently occupied by me.  
b) This is the first application for such a change.

The facts stated above are correct.

**Date:** \_\_\_\_\_

**Signature of the applicant.** \_\_\_\_\_

**To be filled by the forwarding office**

Forwarded.

Signature with Date. \_\_\_\_\_

Name : \_\_\_\_\_

Designation: \_\_\_\_\_

Office Seal