



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)

No.F/Allotment/2013/MC/EC/

DATED:

NOTICE

This is for information of all concerned officers and officials of Maulana Azad Medical College and Associated Lok Nayak Hospital, G.B. Pant Hospital, Guru Nanak Eye Centre and Maulana Azad Institute of Dental Science, who are eligible for Govt. accommodation that the application forms for allotment of residential Govt. accommodation in M.A.M.C. Campus for **Type-I To Type-IV category (including Type-III, SR Category) will be invited with immediate effect.**

Application form duly completed in all respect, either advance copy or verified & forwarded by the concerned HODs (through proper channel) should reach to the R & I Section, Room No. 18, Main Administrative Block, M.A.M.C., New Delhi **latest by 31-07-2014.** However, advance copies will be entertained subject to receipt of application through proper channel later. Application received after last date will not be entertained.

The form can be downloaded from the web site of MAMC (www.mamc.ac.in).

This issues with the prior approval of the Competent Authority.

ADMN. OFFICER (ESTATE)

All concerned.

(To be pasted on the Notice Board of M.A.M.C., Lok Nayak Hospital, G.B.Pant Hospital, Guru Nanak Eye Centre & MAIDS, New Delhi.)



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(Estate Cell) 011-23239271, Extn. - 215

APPLICATION FORM FOR TYPE - I to IV CATEGORY (2015-16)

APPLICATION FORMS CAN BE SUBMITTED FOR ONLY ONE CATEGORY EVEN IF THE APPLICANT IS APPLYING FOR ONE TYPE BELOW CATEGORY OF HIS/HER ENTITLEMENT

LAST DATE :- 31.07.2015 UPTO 3.00 P.M.

Place of Submission :- R & I Section

Please affix
duly attested
pass port size
photograph.

(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/GBPH/GNEC/MAIDS			
5)	Designation/ Employee I.D.No.			
6)	Pay Band as on date. (enclose current salary slip)			
7)	Basic Pay as on date (Basic Pay does not include Special pay, Deputation & Designation Pay).			
8)	Grade Pay as on date			
9)	Date of Birth			
10)	Marital Status (Married/Unmarried/Widow/Widower/Divorcee)			
11)	Date of Joining in Govt. Service			
12)	Date of Retirement on superannuation			
13)	Whether the applicant requests out of turn allotment on Medical Grounds? If yes, briefly mention the ailment here and enclose all relevant documents & reports.			
14)	Applicant, if, desires can apply one type below accommodation of his/her entitlement. If so, restricted to submit singal application only either for his/her eligible category or one type below. (Please tick the category of Govt. Accommodation for which you are entitled).			
Type	Eligible grade Pay	Please tick your entitled category Range		
I	Rs. 1,300- Rs. 1,800/-			
II	Rs. 1,900- Rs.2,800/-			
III	Rs. 4,200- Rs.4,800/-			
IV	Rs. 5,400- Rs.6,600/-			
V	Rs. 7,600 & above			
VI	Rs. 10,000 & above			
15)	<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)

16)	<u>Detail of Family Members.</u>			
S.NO.	Name	Age	Sex	Relation with applicant.
17)	Whether applied for govt. accommodation earlier (Yes/No), if yes, year should be mentioned.			
18)	Whether govt. accommodation was allotted earlier? If yes, whether accepted or not? If not accepted, the reasons for non-acceptance be mentioned.			
19)	If accepted, the details of the allotted government accommodation be mentioned.			
20)	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.			
21)	Do you/your spouse/your dependent 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
22)	Permanent address of the Applicant/Native Place.			
23)	Address of place of duty of the applicant.			
24)	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
25)	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.....

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)

ESSENTIAL STAFF CERTIFICATE

It is certified that the stay of Sh./Smt./Ms./Dr. _____,
designation _____ working in _____ is
essential in the campus for efficient management of the hospital/patient care security .

DATE:

**SIGNATURE OF HEAD OF DEPARTMENT
(WITH SEAL)**



GOVT. OF N.C.T. OF DELHI
MAULANA AZAD MEDICAL COLLEGE
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(Estate Cell)

SL. NO. _____

DATED: _____

Please affix
duly attested
pass port size
photograph.

APPLICATION FORM FOR TYPE - III (SR) CATEGORY

LAST DATE :- 31.07.2015 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 (2015-16)

(TO BE FILLED UP BY THE APPLICANT)

- Please read instructions carefully before filling the form. Incomplete applications will be rejected without any further reference.
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- Please fill up dates as DD MM YYYY.
- Please tick wherever required to do so.
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1)	Name of Applicant			
2)	Father's/Husband Name			
3)	Department/Office			
4)	Institution to which the applicant belongs MAMC/LNH/GBPH/GNEC/MAIDS			
5)	Designation/Empl. I.D.			
6)	Pay Band as on date. (enclose current salary slip)			
7)	Basic Pay as on date (Basic Pay does not include Special pay, Deputation & Designation Pay.			
8)	Grade Pay as on day			
9)	Date of Birth			
10)	Marital Status (Married/Unmarried)			
11)	Date of Joining in Govt. Service			
12)	Date of Expiry of tenure			
13)	Whether suffering from TB, Cancer OR Heart ailments having symptoms of Grade-III and Grade-IV. If yes, attach the Medical Certificates/treatment papers.			
14)	(Please tick the category of Govt. Accommodation for which you are entitled).			
Type	Eligible grade Pay	Please tick your entitled category Range		
I	Rs. 1,300- Rs. 1,800/-			
II	Rs. 1,900- Rs.2,800/-			
III	Rs. 4,200- Rs.4,800/-			
IV	Rs. 5,400- Rs.6,600/-			
V	Rs. 7,600 & above			
VI	Rs. 10,000 & above			
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	GROUND FLOOR	1 st FLOOR	2 nd FLOOR	3 rd FLOOR

(SIGNATURE OF APPLICANT)

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	Owner	Relationship with the applicant	Address of the house	Rental income, if any
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DATE: _____

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

(ADMINISTRATIVE OFFICER)

ESSENTIAL STAFF CERTIFICATE

It is certified that the stay of Shri/Smt./Dr. _____, designation _____ working in _____ is essential in the campus for efficient management of the hospital/patient care security because (reasons)

DATE:

SIGNATURE OF HEAD OF DEPARTMENT
(WITH SEAL)