



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 - I to IV CATEGORY (2018-19)**

Please affix  
duly attested  
pass port size  
photograph.

**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 :- 16.07.2018 UPTO 2.00 P.M.**

**Place of Submission :- R & I Section**

**(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/ Employee I.D.No.	
6)	Date of Birth	
7)	Marital Status (Married/Unmarried/Widow/Widower/Divorcee)	
8)	Date of Joining in Govt. Service	
9)	Date of superannuation	
10)	Whether the applicant requests out of turn allotment on Medical Grounds? If yes, briefly mention the ailment here and enclose all relevant documents & reports.	
11)	Applicant, if, desires can apply one type below accommodation of his/her entitlement. If so, restricted to submit single application only either for his/her eligible category or one type below. (Please tick the category of Govt. Accommodation for which you are entitled and also pay level).	
<b>Type</b>	<b>Eligible grade Pay (As per 6<sup>th</sup> CPC)</b>	<b>Pay level &amp; pay structure (As per 7<sup>th</sup> CPC)</b>
I	Upto Rs. 1,800/-	01. Rs.18000-56900
II	Rs. 1,900- Rs.2,800/-	02. Rs.19900-63200 03. Rs.21700-69100 04. Rs.25500-81100 05. Rs.29200-92300
III	Rs. 4,200- Rs.4,800/-	06. Rs.35400-112400 07. Rs.44900-142400 08. Rs.47600-151100
IV	Rs. 5,400- Rs.6,600/-	09. Rs.53100-167800 10. Rs.56100-177500 11. Rs.67700-208700
12)	<b><u>Please indicate your preference by giving serial number in order of your choice to each floor.</u></b>	
	<b>GROUND FLOOR</b>	<b>1<sup>st</sup> FLOOR</b>
		<b>2<sup>nd</sup> FLOOR</b>
		<b>3<sup>rd</sup> FLOOR</b>

(SIGNATURE OF APPLICANT)

13)	<b><u>Detail of Family Members.</u></b>			
S.NO.	<b>Name</b>	<b>Age</b>	<b>Sex</b>	<b>Relation with applicant.</b>
14)	Whether applied for govt. accommodation earlier (Yes/No), if yes, year should be mentioned.			
15)	Whether govt. accommodation was allotted earlier? If yes, whether accepted or not? If not accepted, the reasons for non-acceptance be mentioned.			
16)	If accepted, the details of the allotted government accommodation be mentioned.			
17)	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.			
18)	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.			
	<b>Owner</b>	<b>Relationship with the applicant</b>	<b>Address of the house</b>	<b>Rental income, if any</b>
19)	Permanent address of the Applicant/Native Place.			
20)	Present address of the applicant			
21)	Place of duty of the applicant.			
22)	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:			
	<b>Accommodation allotted by</b>	<b>Name, Design. &amp; office address of allottee</b>	<b>Type of accommodation &amp; Address</b>	<b>Date of Allotment</b>
23)	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 and instructions issued from time to time.

I will not sublet the govt. quarter allotted to me and will not erect unauthorized 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)