NOTICE

This is for information of all concerned officers and officials of Maulana Azad Medical College and Associated Lok Nayak Hospital, GIPMER, 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 (Including Type-III,SR) Category will be invited with effect from 15-07-2019.

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 14-08-2019. 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.

(Mansoor Usmani)
Admin. Officer (Estate)

All concerned

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

Copy to:-

1. All Head of the Departments.

2. LAN & Server Branch, MAMC with the request to upload/publish the application form for allotment of residential Govt. Accommodation in MAMC Campus for Type-I to Type-IV (Including Type-III,SR) Category with effect from 15-07-2019.

(Mansoor Usmani)
Admin. Officer (Estate)
APPLICATION FORM FOR GOVT. ACCOMMODATION (MAMC CAMPUS)
TYPE - I to IV CATEGORY (2019-20)
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 :- 14.08.2012 UPTO 4.00 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/Divorced)
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).

<table>
<thead>
<tr>
<th>Type</th>
<th>Eligible grade Pay (As per 6th CPC)</th>
<th>Pay level &amp; pay structure (As per 7th CPC)</th>
<th>Basic Pay (Please enclose salary slip)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Upto Rs. 1,800/-</td>
<td>01. Rs.18000-56900</td>
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</tr>
<tr>
<td>II</td>
<td>Rs. 1,900- Rs.2,800/-</td>
<td>02. Rs.19900-63200</td>
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<td>03. Rs.21700-69100</td>
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<td>04. Rs.25500-81100</td>
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<td>05. Rs.29200-92300</td>
<td></td>
</tr>
<tr>
<td>III</td>
<td>Rs. 4,200- Rs.4,800/-</td>
<td>06. Rs.35400-112400</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>07. Rs.44900-142400</td>
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<td></td>
<td>08. Rs.47600-151100</td>
<td></td>
</tr>
<tr>
<td>IV</td>
<td>Rs. 5,400- Rs.6,600/-</td>
<td>09. Rs.53100-167800</td>
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<td>10. Rs.56100-177500</td>
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<td>11. Rs.67700-208700</td>
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</tbody>
</table>

12) Please indicate your preference by giving serial number in order of your choice to each floor:

GROUND FLOOR  1st FLOOR  2nd FLOOR  3rd FLOOR

(SIGNATURE OF APPLICANT)

Page:01/03
<table>
<thead>
<tr>
<th>S.NO.</th>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Relation with applicant</th>
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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.

<table>
<thead>
<tr>
<th>Owner</th>
<th>Relationship with the applicant</th>
<th>Address of the house</th>
<th>Rental income, if any</th>
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</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Accommodation allotted by</th>
<th>Name, Design. &amp; office address of allottee</th>
<th>Type of accommodation &amp; Address</th>
<th>Date of Allotment</th>
</tr>
</thead>
<tbody>
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</table>

23) Whether SC/ST/others

(SIGNATURE OF APPLICANT)

Page :02/03
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: ____________________________

SIGNATURE OF HEAD OF DEPARTMENT

(WITH STAMP)

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)
APPLICATION FORM FOR GOVT. ACCOMMODATION (MAMC CAMPUS)
TYPE - III(SR) CATEGORY (2019-2020)

SL. NO. DATED:

LAST DATE :- 14.08.2019 UPTO 4.00 P.M. Place of Submission :- R & I Section

APPLICATION FOR ALLOTMENT OF GOVT. ACCOMMODATION IN THE MAULANA AZAD
MEDICAL COLLEGE RESIDENTIAL COMPLEX (2019-20)

(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.
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1) Name of Applicant

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5) Designation/Empl. I.D.

6) Date of Birth

7) Marital Status
   (Married/Unmarried)

8) Date of Joining in Govt. Service

9) Date of Expiry of tenure

10) Whether appointed on
    Regular/Adhoc basis

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07. Rs.44900-142400  
08. Rs.47600-151100 | |

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(SIGNATURE OF APPLICANT)
12) **Detail of Family Members.**

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<tr>
<th>S.NO.</th>
<th>Name</th>
<th>Age</th>
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DATE: ____________

(SIGNATURE OF APPLICANT)

NAME: _______________________

Contact number: ________________

Email id: ______________________

Forwarded

DATE: ____________

SIGNATURE OF HEAD OF DEPARTMENT
(WITH STAMP)

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)

Page: 03/03