

अखिल भारतीय आयुर्विज्ञान संस्थान, भुवनेश्वर All India Institute of Medical Sciences, Bhubaneswar सिजुआ,पोस्ट: डुमुदुमा, भुवनेश्वर -751019 Sijua, Post: Dumuduma, Bhubaneswar – 751019

Form of Application for allotment of residence in the AIIMS, Bhubaneswar Residential Campus.

SI. No.	Part	ticulars
1.	Name in Block Letters	
2.	Designation	
3.	Name of Father/Spouse (If Spouse	
3 2	employed in AlIMS, Bhubaneswar.	
4.	Service Status (Permanent/Temporary)	
5.	Office Address viz Name of Section and	
	Department	
6.	Whether he/she belongs to	
	SC/ST/PwD/OBC/EWS	
7.	Pay Particulars (Please attach proof as	
	Appointment Order or Promotion Order	
	and Pay Slip for verification):-	
y. Y	(a) Pay Band/Pay Scale (Rs).	
	(b) Present Pay 7 th CPC (Rs.).	
	(c) Level as per Pay Matrix.	
45	(d) Date of Promotion and its Grade	
	Pay.	
8.	Previous Grade Pay continuously drawing	ALCONOMICS OF THE PROPERTY OF
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9.	Date of joining in AlIMS, Bhubaneswar	
10.	Date of Birth	and the second s
11.	Date of Retirement on Superannuation	v v
12.	Application made against the type of	
8 8 ⁽¹⁾ 5	accommodation according to Grade Pay	
13.	Sex	
14.	Marital Status	
15.	Are you/your Spouse occupying	
	accommodation allotted by/from any	
	Departmental Pool/State Government Pool	
	or the Local Administration? If yes, please	
	give details.	
16.	Particulars of residential accommodation	
	provided, if any, in the past.	
17.	Do you/your Spouse/your dependent	
F., .	Children own a house within the	
72 - 68	jurisdiction of Local Municipality or any	
	adjoining municipality?	

18.	Are you refused the allotment of AlIMS,	
	Bhubaneswar Quarters earlier or debarred	
	from allotment of Govt. residence?	
19.	Permanent/Home Town Address	
20.	Contact Number/e-mail i.d. of the	
-	Applicant	
21.	Special Request/Preference, if any	
22.	If the applicant has a family, details of the M	embers of family including self should be given
	as below:-	

Details of Family members:

SI.No.	Name	Age	Relationship	Whether entirely Dependent on the applicant
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I agree to abide by the Allotment of Government Residences Rules prescribed by MoUD and time to time or relevant allotment rules as applicable.

I am aware of the penalties, which can be imposed in the event of refusal of acceptance of allotment of accommodation of the entitled type under SR-317-B-10 or furnishing of false information, subletting/misuse of the premises under SR-317-B-21.

I certify that I have read the rules governing the allotment of quarters and declare that the particulars given by me above are correct and that the allotment to be made to me or already made shall be subject these rules and subsequent amendments, if any, thereto.

I further undertake that neither I nor any member of my family residing with me, would engage in any unwanted act that would disturb the peaceful ambience of the Residential Complex of the Institute.

Dated:

Signature of Applicant

Signature of the Forwarding Officer