



**ALL INDIA INSTITUTE OF MEDICAL SCIENCES BHOPAL**  
Saket Nagar, Bhopal-462020 (Madhya Pradesh) India  
Website : [www.aiimsbhopal.edu.in](http://www.aiimsbhopal.edu.in)

**APPLICATION FORM FOR RESIDENTIAL ACCOMMODATION**

**Through Proper Channel :- Recommended by HoD**

**APPLICATION FOR ALLOTMENT OF RESIDENTIAL ACCOMODATION FROM AIIMS  
RESIDENTIAL COMPLEX, BHOPAL FOR THE ALLOTMENT YEAR, \_\_\_\_\_**

Registration Number (To be filled up the Applicant if already registered)	Allottee Account Number (AAN) (To be filled up the Applicant if allotted)	Date of Receipt (To be filled up by Directorate of Estates)
<b>TO BE FILLED UP BY THE APPLICANT</b>		
<b>INSTRUCTIONS:</b> Please fill up the form in <b>BLOCK LETTERS</b> only. Fill dates as day (01-31), month (01-12) & year (2002) in the format <b>DD-MM-YYYY</b> . Please tick (✓) wherever required to do so.		
1. Name Shri/Smt./Km /Ms. /Dr.		
2. Designation		
3. Department		
4. Pay Band + G.P.		
5. Basic Pay (as on 1st July of the current year)		
6. Date of Birth		
→ 7. (a) Date from which continuously employed under Central Government / AIIMS Bhopal.		
(b) Date of completion of probation period (if applicable)		
8. Date of Retirement on Superannuation		
→ 9. Service Status (Contractual/Temporary/Permanent)		
10. (a) Are you on deputation from Central Govt./State Govt./Other		
Yes No (c) Duration of Deputation		
→ (b) If yes, since the date		
-- -- Total Years		
11. Marital Status Single (including Widow / Divorcee) Married		
12. Do you / your spouse occupying accommodation allotted by AIIMS Bhopal, If yes, please give details		
Allottee's Name		
Type Locality Sector Block Quarter No. House ID		
13. Do you / your spouse occupying accommodation allotted by State Govt. / Center Govt. in Bhopal? If yes, please give details :-		
Department		
Allottee's Name		
Quarter's Address		
14. Are you debarred from allotment of Govt. residence? Yes No If yes, up to which date		
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15.	Do you / your spouse / your dependent children own a house within the jurisdiction of Local Municipality or any adjoining municipality? If yes, please indicate			
	a. Owner's Name		b. House Address	
	c. Relationship with Application			
	d. Rental Income			
16.	Address of Place of Duty of the Applicant		21. Permanent address (if any)	
	Phone :-	Fax :-	Phone :-	
	Email :-			

**Declaration by the Applicant:**

- A. I agree to abide by the Allotment of Government Residences Rules (AIIMS Bhopal) as well as Central Govt. as amended from time to time or relevant allotment rules applicable.
- B. 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.
- C. I am working in an eligible office located in eligible zone.

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

Signature of the Applicant : \_\_\_\_\_

**TO BE FILLED IN BY THE FORWARDING OFFICE**

Department Code		Endorsement No.		Date	
Office Name					
Remarks					

Certified that particulars furnished by the applicant have been verified from records and found correct. It is also certified that the applicant is employed in an eligible office and has not been **debarred** from allotment of general pool accommodation.

Office Seal

Signature with Date : \_\_\_\_\_  
 Name \_\_\_\_\_  
 Designation \_\_\_\_\_  
 Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_