



अखिल भारतीय आयुर्विज्ञान संस्थान, भोपाल
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BHOPAL
Saket Nagar, Bhopal – 462020 (Madhya Pradesh) India
Website: www.aiimsbhopal.edu.in

APPLICATION FORM FOR RESIDENTIAL ACCOMODATION

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 by the Applicant if already registered)	Allottee Account Number (To be filled up by the Applicant if allotted)	Date of Receipt (To be filled up by Directorate Estates)
TO BE FILLED UP BY THE APPLICANT		
INSTRUCTIONS: Please fill up the form in BLOCK LETTERS only. Fill dates as day (01-31), month (01-12) & year (2002) in the format DD-MM-YYYY . 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 1 st 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
(b) If Yes, since the date		
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. / Central 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?							-	
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 applicant.								
	d. Rental Income								
16.	Address of place of duty of the applicant:				Permanent Address (If any):				
	Phone:			Fax:		Phone:			
	Email :-								
17	Do you want to opt quarter, one category below your eligibility?					Yes		No	

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 vent 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 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 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: _____

Email: _____