GOVT. OF N.C.T. OF DELHI
MAULANA AZAD MEDICAL COLLEGE
And Associated Lok Nayak, Govind Ballabh Pant Hospital &
Guru Nanak Eye Centre, 2, B.S.Z. Marg, New Delhi-02
(Estate Cell) Ph. No.23239271 Extn.No.215

No. F.7 (1) Allotment/EC/MC/2026 23/9-23 Dated: 12/02/26

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 Allotment of Govt. Accommodation in MAMC Campus that the Application Forms for Fresh Allotment of Govt. Accommodation for Type-I to Type-IV Category including Type-III (SR) and Application for Change of Accommodation of Type-I to Type-III Category in MAMC Campus for the Allotment year 2026 will be invited with effect from 12/02/2026 (Thursday) to 05/03/2026 (Thursday).

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 05/03/2026 upto 05:00 PM. 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.

(RAM KRISHNA)
Estate Officer (MAMC)

No.F.7(1)/Allotment/EC/MC/2026/ Dated:

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. Medical Director LNH
2. Medical Director GIPMER
3. Director GNEC
4. Director MAIDS
5. In-Charge, LAN & Server Branch, MAMC with the request to upload to upload/publish the Application Form for Allotment Govt. Accommodation in MAMC Campus for Type-I to Type-IV Category including Type-III (SR) for the Allotment year 2026.

(RAM KRISHNA)
Estate Officer (MAMC)

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APPLICATION for Change Of Govt. Accommodation Type-I to IV Category (2026) under SR 317-B15

LAST DATE :- 05-03-2026 upto 05.00 P.M. Place of Submission :-R & I Section.

NOTE:- Application should be forward by Head of department with their recommendations, if any. Incomplete application form will not be considered and will be rejected.

Instructions :-

- Please fill up to form in Block Letters only.
- Fill dates as day (01-31), month (01-12) & year (2026) in the format DD-MM-YYYY

1)	Name of the Applicant								
2)	Father's/Husband Name								
3)	Department/Office								
4)	Institution to which the applicant belongs MAMC/LNH/GIPMER/GNEC/MAIDS								
5)	Designation								
6)	Pay Pin/Employee I.D. No.								
7)	Date of Birth								
8)	Whether SC/ST/Others								
9)	Date of Joining in Govt. Service								
10)	Date of Superannuation								
11)	Place of Duty of the Applicant								
12)	Address of current accommodation where at presently residing								
13)	Date of occupation of present accommodation	d	d	m	m	y	y	y	y
14)	Permanent Address (If any)								
15)	Whether any Change has already been allowed earlier:-	Yes ( ) NO ( )							
16)	In Case, Change is required is required on Medical Grounds, please fill-up the following:-								
a)	On medical grounds of (please tick) in relevant column.								
	Self								
	Department								
	In Case of dependent, please fill-up the name of Dependent & Relation with Applicant								
	Whether the Certificate showing the relation-ship between applicant and patient	Yes	No						
b)	Disease:-								
	Whether Original copy of medical certificate is attached	Yes	No						
	Whether photocopy and signature of patient and token number of DGHS Card of the applicant are on the certificate	Yes	No						
	In case of T.B. whether X-RAY is attached	Yes	No						
	In case of physically handicapped, whether full photograph showing disability/deformity is affixed on the certificate	Yes	No						

c)	Have You been allotted Govt. accommodation on medical grounds earlier	Yes	No
	If yes, then give full details.		
	Whether specific recommendation from Head of Department/Administration Is enclosed	Yes	No
17)	Whether apply for renewal for change, if applied earlier	Yes	No
	(If yes, please attach the copy of earlier application)		
18)	Please mention Floor(G, Floor, 1st Floor, 2nd Floor or 3rd Floor) to be considered for		

List of Document to be attached (to be earlier be self attested):-

1. DGEHS Card
2. Latest Salary Slip
3. Office ID Card
4. Allotment Order of current allotted Qtr.

(SIGNATURE OF APPLICATION)

DECLARATION

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 No_____

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)

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APPLICATION FORM FOR GOVT. ACCOMMODATION (MAMC CAMPUS)
TYPE-I TO IV CATEGORY(2026)

Please affix
Dully attested passport size photograph.

APPLICATION FORMS CAN BE SUBMITTED FOR ONLY ONE CATEGORY EVEN IF THE APPLICANT IS APPLYING FOR TYPE BELOW CATEGORY OF HIS/HER ENTITLEMENT

LAST DATE :-05-03-2026 upto 05:00 P.M.

Place of Submission :- R & I Section.

(TO BE FILLED UP BY THE APPLICATION)

Please read instruction carefully before filling the form. Incomplete application will be rejected without any further 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 Application	
2	Father's/Husband Name	
3	Department/Office	
4	Institution to which the applicant belongs MAMC/LNH/GIPMER/GNEC/MAIDS	
5	Designation	
6	Pay Pin/Employee I.D. No.	
7	Date of Birth	
8	Marital Status (Married/Unmarried/Widower/Divorcee	
9	Whether SC/ST/Others	
10	Date of Joining in Govt. Service	
11	Date of superannuation	
12	Place of duty of the applicant	
13	Whether the applicant requests out of turn allotment on Medical Ground? If yes, briefly mention the ailment here and enclose all relevant documents & reports.	

(SIGNATURE OF APPLICANT)

14)	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 to and also Pay Level)		
Type	Eligible Grade Pay (as per 6th CPC)	Pay Level & Pay Structure (as per 7th CPC)	Basic Pay (Please enclose Salary Slip)
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	

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

GROUND FLOOR	1st FLOOR	2nd FLOOR	3rd FLOOR

16) Detail of Family Members

S. No.	Name	Age	Sex	Relation with Applicant

17)	Whether applied for govt. accommodation earlier (Yes/No), if yes, year should be mentioned.	
18)	Whether Govt. accommodation was allotted earlier? If yes, whether accepted or not? If not accepted, the reasons for non-acceptance be mentioned.	
19)	If accepted, the details of the allotted government accommodation be mentioned.	
20)	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.	

(SIGNATURE OF APPLICANT)

21)	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 for each		
Owner	Relationship with the Applicant	Address of the House	Rental Income, if any

22)	Permanent Address of the Applicant/Native Place	
23)	Present Address of the Applicant	
24)	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	

Accommodation Allotted by	Name, Design. & Office Address of Allottee	Type of Accommodation & Address	Date of Allotment

List of Documents to be attached *(to be self attested)*:-

1. DGEHS Card
2. Latest Salary slip
3. Office ID Card
4. Aadhar Card
5. Taken on Strength Order
6. Allotment Order of previous Qtr, if any

(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 No_____

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)