

(THROUGH SPECIAL MESSENGER)



GOVT. OF N.C.T. OF DELHI
MAULANA AZAD MEDICAL COLLEGE
and Associated Lok Nayak Hospital, G.I.P.M.E.R &
Guru Nanak Eye Centre, 2, B.S.Z. Marg, New Delhi-02
(Estate Cell) Ph. No.23239271 Extn.215

No.F.1/Allot/2013/MC/EC/ 16443

Dated: 17/11/2021

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 fresh allotment of residential Govt. Accommodation in M.A.M.C. Campus for **Type-I to Type-VI Category except Type-III(SR) and application for change of accommodation for Type-I to Type-VI Category except Type-III(SR) for the allotment year 2021-22 will be invited with effect from 18.11.2021 to 17.12.2021.**

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 17.12.2021.** 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.

(Muzaffar Imtiaz)
ADMN. 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-VI(except Type-III, SR) Category.**

(Muzaffar Imtiaz)
ADMN. OFFICER (ESTATE)



GOVT. OF N.C.T. OF DELHI
MAULANA AZAD MEDICAL COLLEGE
 and Associated Lok Nayak Hospital, GIPMER &
 Guru Nanak Eye Centre, 2, B.S.Z. Marg, New Delhi-02
 (Estate Cell) 011-23239271, Extn.215.

APPLICATION FORM FOR GOVT. ACCOMMODATION(MAMC CAMPUS)
TYPE - I to IV CATEGORY (2021-22)

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 :- 17/12/2021 UPTO 4.00 P.M. Place of Submission :- R & I Section

Please affix
duly attested
pass port size
photograph.

(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/Divorcee) | | | | | | | | | |
| 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). | | | | | | | | | |
| Type | Eligible grade Pay (As per 6 th CPC) | Pay level & pay structure (As per 7 th 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 | | | | | | | | |
| 12) | Please indicate your preference by giving serial number in order of your choice to each floor. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">GROUND FLOOR</td> <td style="width: 25%;">1st FLOOR</td> <td style="width: 25%;">2nd FLOOR</td> <td style="width: 25%;">3rd FLOOR</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> | | GROUND FLOOR | 1 st FLOOR | 2 nd FLOOR | 3 rd FLOOR | | | | |
| GROUND FLOOR | 1 st FLOOR | 2 nd FLOOR | 3 rd FLOOR | | | | | | | |
| | | | | | | | | | | |

(SIGNATURE OF APPLICANT)

| | | | | |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------|------------------------------|
| 13) | Detail of Family Members. | | | |
| S.NO. | Name | Age | Sex | Relation with applicant. |
| | | | | |
| | | | | |
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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. | | | |
| | Owner | Relationship with the applicant | Address of the house | Rental income, if any |
| | | | | |
| 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: | | | |
| | Accommodation allotted by | Name, Design. & office address of allottee | Type of accommodation & Address | Date of Allotment |
| | | | | |
| 23) | Whether SC/ST/others | | | |

(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 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)



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(Estate Cell) 011-23239271, Extn.215.

APPLICATION FORM FOR GOVT. ACCOMMODATION(MAMC CAMPUS)
TYPE - V & VI CATEGORY (2021-22)

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

Please affix
duly attested
pass port size
photograph.

LAST DATE :- 17/12/2021 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.

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| 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/Divorcee) | | |
| 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) | | | |
| Type | Eligible Grade Pay (As per 6 th CPC) | Pay level & pay structure (As per 7 th CPC) | Basic Pay (Please enclose salary slip) |
| I | Upto Rs. 1,800/- | Rs.18000-56900 | |
| 12) | <u>Please indicate your preference by giving serial number in order of your choice to each floor.</u> | | |
| | GROUND FLOOR | 1 st FLOOR | 2 nd FLOOR |
| | | | |
| | | | |

(SIGNATURE OF APPLICANT)

| | | | | |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------|------------------------------|
| 13) | <u>Detail of Family Members.</u> | | | |
| S.NO | Name | Age | Sex | Relation with applicant. |
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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. | | | |
| | Owner | Relationship with the applicant | Address of the house | Rental income, if any |
| | | | | |
| 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: | | | |
| | Accommodation allotted by | Name, Design. & office address of allottee | Type of accommodation & Address | Date of Allotment |
| | | | | |
| 23) | Whether SC/ST/others | | | |

(SIGNATURE OF APPLICANT)

DECLARATION.

I certify that I or my wife/husband or children do not own a house in Delhi.

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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: _____
APPLICANT)

(SIGNATURE OF

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)**



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.215

Application For, for change of Govt. Accommodation (Type-I to IV) under SR 317-B-15.

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

Instructions:-

Last Date: 17-12-2021

Place of Submission :- R & I Section, MAMC

- Please fill up the form in **BLOCK LETTERS** only.
- Fill dates as day (01-31), month (01-12) & year (2017) in the format DD-MM-YYYY.

| | | | | | | | | | |
|-----|-------------------------------------------------------------------------------------------------------------------------------|----------------|---|-----|---|---|---|---|---|
| 1) | Name | Shri/Smt./Dr. | | | | | | | |
| 2) | Designation/Empl.ID. | | | | | | | | |
| 3) | Department where at present working | | | | | | | | |
| 4) | Present place of posting in department. | | | | | | | | |
| 5) | Address of current accommodation where at present residing. | | | | | | | | |
| 6) | Date of occupation of present accommodation. | d | d | m | m | y | y | y | y |
| 7) | Permanent address (if any) | | | | | | | | |
| 8) | Telephone/Contact No., if any. | | | | | | | | |
| 9) | Whether any change has already been allowed earlier :- | Yes () No () | | | | | | | |
| 10) | In case, Change is required on medical grounds, please fill-up the following. | | | | | | | | |
| a) | On medical grounds of (please tick) in relevant column. | | | | | | | | |
| | Self | | | | | | | | |
| | Dependent. In case, dependent, please fill-up the name of dependent. | | | | | | | | |
| | Relation with applicant | | | | | | | | |
| | Whether the Certificate showing the relation-ship between applicant and patient attached. Please tick in the relevant column. | 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. | | | | | |
| 11 | Whether apply for renewal for change if applied earlier | Yes | | No | | | | | |
| | (If yes, please attach the copy of earlier application) | | | | | | | | |
| 12) | Please mention Floor(G.Floor, 1 st Floor, 2 nd Floor or 3 rd Floor) to be considered for | | | | | | | | |

DECLARATION.

- A) I have not availed change of residence earlier in the type of accommodation presently occupied by me.
B) This is the first application for such a change.

The facts stated above are correct.

Date: _____

Signature of the applicant. _____

To be filled by the forwarding office.

Forwarded.

Signature with Date. _____

Name : _____

Designation: _____

Office Seal