

(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/Allotment/2023/EC/MC/

3423 NOTICE Dated: 17/02/202

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 2023 will be invited with effect from 20.02.2023 to 20.03.2023.

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 20.03.2023. 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.

(Kamal Gautam)
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.**

(Kamal Gautam)

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.

<u>APPLICATION FORM FOR GOVT. ACCOMMODATION(MAMC CAMPUS)</u> <u>TYPE - I to IV CATEGORY (2023)</u>

Please affix duly attested pass port size photograph.

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: - 20/03/2023 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.

1)	Name of Applicant					
2)	Father's/Husband Name	<u> </u>				
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					
W 7		idow/Widower/Divorcee)				
8)	Date of Joining in Gov					2
9)	Date of superannuation		-			
10)		requests out of turn allotment of				
		es, briefly mention the ailment he	re			
	and enclose all relevant					
	Applicant if doci	ires can apply one type be	low			
11)						
11)	accommodation of his	s/her entitlement. If so, restricte	d to			
11)	accommodation of his submit single applica	s/her entitlement. If so, restricte tion only either for his/her elig	d to			
11)	accommodation of his submit single applica category or one type b	s/her entitlement. If so, restricte tion only either for his/her eligelow.	d to ible		.1 1 1 1	and I amaly
	accommodation of his submit single applica category or one type b (Please tick the category	s/her entitlement. If so, restricte tion only either for his/her eligelow. y of Govt. Accommodation for wh	d to ible			
* *	accommodation of his submit single applica category or one type by (Please tick the category Eligible grade Pay	s/her entitlement. If so, restricte tion only either for his/her eligelow. y of Govt. Accommodation for where the second	d to ible			so pay level). Iclose salary slij
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(SIGNATURE OF APPLICANT)

Page :01/03

13)	Detail of 1	Family Members.			
S.NO.	Name		Age	Sex	Relation with applicant.
1.4)	YY M				
14)	Whether a	pplied for govt. acc should be mentioned	ommodati	ion earlier (Yes/N	No),
15)	Whether a	govt. accommodation compared or not? If ance be mentioned.	n was all	otted earlier? If yoted, the reasons	/es, for
16)	If accepte accommod	ed, the details o ation be mentioned.			
17)	Have you e accommod which you	ever been debarred to ation? If yes, the were debarred be m	reasons entioned.	and the date up	to
18)	Do you/yo within the j	ur spouse/your depourisdiction of local y? If yes, indicate the	endent ch municipa	lity or any adioini	ing
О	wner	Relationship with applicant	the Ac	ddress of the hou	se Rental income, if any
		· •			
19)	Permanent :	address of the Appli	cant/Nativ	ve Place.	
20)	Present add	lress of the applican	t		
21)	Place of dut	y of the applicant.			
22)	Are you/you Delhi/Govt.	of India /or any oth	accommo	odation allotted by	y Directorate of Estate/Govt. of
Accomnallotted	lodation	Name, Design. address of allottee	& office	Type of accom	nmodation & Date of Allotment
23)	Whether SC	/ST/others			

(SIGNATURE OF APPLICANT)

Page :02/03

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:
		White.
		Contact number
		Email id
Forwarded		
DATE:	is tu	SIGNATURE OF HEAD OF DEPARTMENT
	<u> </u>	(WITH STAMP)
,.		
ТО ВЕ СОМР	LETED BY THE ADM	MINISTRATIVE AUTHORITY OF THE APPLICANT.
The facts service on	stated by the applicant b	nave been verified and found correct. He/she is to retire from Govt.

Page: 03/03

(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: 20-03-2023

Place of Submission :- R & I Section, MAMC

	Please	fill u	p the	form	in	BLOCK	LETT	ERS	only.
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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.					T.				
5)	Address of current accommodation	n								
	where at present residing.				,	,	,	,		
6)	Date of occupation of present	d	d	m	m	у	У	У	У	
	accommodation.									
7)	Permanent address (if any)									
8)	Tolophono/Contact No. if any									
0)	Telephone/Contact No., if any.									
9)	Whether any change has already been a	llowed	earlier	· ·_	Yes	()	No	()	-	
0)	Tribution any change has already been a	novvca	carno		100	()	140	()		
10)	In case, Change is required on medical g	rounds	, plea	se fill-	up the	follov	ving.			
,	, , , , , , , , , , , , , , , , , , , ,		7 1				5			
a)	On medical grounds of (please tick) in rel	evant (columi	٦.						
	Self									
	Dependent. In case, dependent, plea	se fill-	up the	e nam	ne of					
	dependent.									
	Relation with applicant		l-!	- In a 4-		\/		T M =		
	Whether the Certificate showing the applicant and patient attached. Please					Yes.		No.		
	column.	e lick	III LII	e reic	evaiii					
b)	Disease.									
,										
	Whether Original copy of medical certification	ate is a	ttache	d. ?	Y	es.	0	No.		
			•							
	Whether photocopy and signature of					es.		No.		
	number of DGHS Card of the applicant a		ne cert	ificate						
	In case of T.B., whether X-RAY is attached					Yes.		No.		
	In case of physically handicapped, who				ph Y	es.		No.		
0)	showing disability/deformity is affixed on				I V	·	2 0	NI.		
c)	Have You been allotted Govt. accomn grounds earlier?	nodatio	n on	meaid	cal Y	es.		No.		,
	If yes, then give full details.									
	Whether specific recommendation	from	Ц	ad	of Y	es	***************************************	No.		
	Department/Administration is enclosed.	110111	110	au	01 1	62		INO.		
11	Whether apply for renewal for change if a	pplied	earlie	-	Y	es		No		20
	and the standard of the standa	1.1.00	3 3.1.1101		'					
	(If yes, please attach the copy of earlier a	applica	tion)							
12)	Please mention Floor(G.Floor, 1st Floor	oor,2 ^{no}	Floo	r or 3	rd					
	Floor) to be considered for									8

DECLERATION.

A) I have not availed change of residence earlier in the type of accommodation presently occupied by

B) This is the first application for such a change.

The facts stated above are correct.

Signature of the applicant._____

To be filled by the forwarding office.

Forwarded.

Signature with Date._____

Name:_____

Designation:_____

Office Seal



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.

<u>APPLICATION FORM FOR GOVT. ACCOMMODATION(MAMC CAMPUS)</u> <u>TYPE - V & VI CATEGORY (2023)</u>

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: - 20-03-2023 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.

1)	Name of Applicant						
2)	Father's/Husband Nam	e					
3)	Department/Office						
4)	Institution to which the	annlicent belongs					
	MAMC/LNH/GIPMER	UGNEC/MAIDS					
5)	Designation/ Employee	I.D.No.					
6)	Date of Birth			***************************************			
7)	Marital Status	2					
	(Married/Unmarried/W	idow/Widower/Divorce	ee)				
8)	Date of Priority of accommodation.	continuously eligible	for type of		,		
9)	Date of superannuation	,			*		
10)	Whether the applicant	requests out of turn a	allotment on				
	Medical Grounds? If yound enclose all relevant	es, briefly mention the	ailment here				
	and onerose an relevant	documents & reports.					
11)							
Туре	Eligible Grade Pay (As per 6 th CPC)	Pay level & pay (As per 7 th		Basic Pa	ay (Please enclose salary		
I	Upto Rs. 1,800/-	Rs.18000-5	6900				
12)	Please indicate your pre	eference by giving seria	al number in ora	ler of your	choice to each floor.		
	GROUND FLOOR	1 st FLOOR	2 nd FLOOR		3 rd FLOOR		

(SIGNATURE OF APPLICANT)

Page :01/03

13)	Detail of F	amily Members.				
S.NO	Name		Age	Sex	Relation v	vith applicant.
		e e				
		-				
	****	1: 1 6		1		
14)	(Yes/No), i	applied for gov f yes, year should	d be mentic	oned.		`
15)	Whether g	govt. accommoda	tion was a	llotted earlier? If		
		er accepted or non-acceptance				at the second se
16)		d, the details o			t l	
	accommod	ation be mention	ed.			
17)		ever been de				
	governmen	t accommodation to which you we	n? It yes,	the reasons and		
18)	Do vou/vo	our spouse/your	denendent	children own a	1	
10)	house with	nin the jurisdiction	on of local	l municipality or		
	any adjoini	ng municipality?				
	the same.	D L di Li	- :41 A J	June of the	Dontalin	nome if any
. ()wner	Relationship the applicant	with Adhou	dress of the	Rentarin	come, if any
		the applicant	1100			
		is tu				
19)	Permanent	address of the A	pplicant/Na	ative Place.		ý
	5.					
20)	Procent ad	dress of the appli	icant			
20)	riesein au	diess of the apph				
21)	Place of du	ity of the applicar	nt.			
	4					
22)	Are you/yo	our spouse occupy	ying accom other? If y	nmodation allotted	d by Director etails:	rate of Estate/Govt. of
Accor	nmodation	t. of India /or any other? If yes, please give de Name, Design. & office Type of accom				Date of Allotment
allotte	ed by	address of allo	ttee	& Address		
				5		
		Y "				
		2		*		
				1.		,
23)	■ Whether S	C/ST/others				

(SIGNATURE OF APPLICANT)

Page :02/03

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 B	THE ADMINISTRATIVE AUTHORITY OF THE APPLICANT.
The facts stated by t service on	e applicant have been verified and found correct. He/she is to retire from Govt.

(ADMINISTRATIVE OFFICER) (WITH STAMP)

Page: 03/03