(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.3/Allot/Type-III(SR)/EC/MC/ 12508 **Dated:** 06/09/2021

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 allotment of residential Govt. Accommodation in M.A.M.C. Campus for **Type-III(SR) Category only will be invited with effect from 10.09.2021 to 25.09.2021.**

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 25.09.2021.** 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.

6/9/2021

(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-III(SR) Category only will be invited with effect from 10.09.2021 to 25.09.2021.**

6/9/2021

(Muzaffar Imtiaz)
ADMN. OFFICER (ESTATE)

(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

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No.F.3/Allot/Type-III(SR)/MC/EC/ 12593 **Dated:** 07/9/2021

To

1.The Director,
G.I.P.M.E.R.,
New Delhi-02.

2.The Medical Superintendent,
Lok Nayak Hospital,
New Delhi-02.

3.The Director,
Guru Nanak Eye Center,
New Delhi-02.

4.The Dean,
Maulana Azad Medical College,
New Delhi-02.

5.The Principal,
Maulana Azad Institute of Dental Sciences,
New Delhi-02.

SUB: Invitation of Application forms for allotment of residential accommodation in M.A.M.C. Campus, New Delhi for Type-III(SR) category only.

Sir/Madam,

While informing that this office is going to invite application forms for allotment of residential accommodation of M.A.M.C. Campus, New Delhi **Type-III(SR) category only will be invited with effect from 10.09.2021 to 25.09.2021.** I am to forward herewith 02 (two) sets of application forms along-with copy of General Notice for information of all concerned with the request to bring it to the knowledge of all eligible and interested officers/officials working under your kind control.

Application form duly completed in all respect, either advance copy or verified & forwarded by the concerned HODs(through proper channel) should reach the R & I Section, Room No. 18, Main Administrative Block, M.A.M.C., New Delhi **latest by 25.09.2021.** 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).

Copy to: LAN & Server, Branch, MAMC

This issues with the prior approval of the Competent Authority.

Encl: a/a.

Yours faithfully,

6/9/2021

(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.

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APPLICATION FORM FOR GOVT. ACCOMMODATION (MAMC CAMPUS) TYPE - III(SR) CATEGORY

Please affix duly attested pass port size photograph.

SL. NO._____ DATED:

LAST DATE :- 25.09.2021 UPTO 4.00 P.M. **Place of Submission :- R & I Section**

APPLICATION FOR ALLOTMENT OF GOVT. ACCOMMODATION IN THE MAULANA AZAD MEDICAL COLLEGE RESIDENTIAL COMPLEX,NEW DELHI-02.

(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/Empl. I.D.			
6)	Date of Birth			
7)	Marital Status (Married/Unmarried)			
8)	Date of Joining in Govt. Service			
9)	Date of Expiry of tenure			
10)	Whether appointed on Regular/Adhoc basis			
Type	**Eligible grade Pay (As per 6th CPC)**	**Pay level & pay structure (As per 7th CPC)**	**Basic Pay (Please enclose salary slip)**	
III(SR)	Rs. 4,200- Rs.4,800/-	06. Rs.35400-112400 07. Rs.44900-142400 08. Rs.47600-151100		
11)	***Please indicate your preference by giving serial number in order of your choice to each floor.***			
	GROUND FLOOR	**1st FLOOR**	**2nd FLOOR**	**3rd FLOOR**

(SIGNATURE OF APPLICANT)

12)	**Detail of Family Members.**			
S.NO.	**Name**	**Age**	**Sex**	**Relation with applicant.**
13)	Whether applied for govt. accommodation earlier (Yes/No), if yes, year should be mentioned.			
14)	Whether the govt. accommodation was allotted earlier. If yes, whether accepted or not. If not accepted, the reasons for non-acceptance be mentioned.			
15)	If accepted, the details of the allotted government accommodation be mentioned.			
16)	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.			
17)	Do you/your spouse/your 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
18)	Permanent address of the Applicant/Native Place.			
19)	Present address of the applicant			
20)	Place of duty of the applicant.			
21)	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, Desig. & office address of allottee**	**Type of accommodation & Address**	**Date of Allotment**
22)	Whether SC/ST/others			

(SIGNATURE OF APPLICANT)

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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, 1977 and instructions issued from time to time.

I will not sublet the govt. quarter allotted to me and will not erect un-authorized 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)