



ICAR - CENTRAL INSTITUTE OF FISHERIES EDUCATION

(Deemed University)
Panch Marg, Off Yari Road, Versova,
Andheri (West), Mumbai-400061

Tel. No. 022-26361446/7/8, Fax No. 022-26361573 Web Site : www.cife.edu.in



APPLICATION FOR ALLOTMENT OF STAFF QUARTER FROM THE CIFE POOL OF RESIDENCE

1. Name (In Block Letters) : _____
2. Designation : _____
3. Division/ Officer where presently working : _____
4. Where Temporary/ Quasi-Permanent/ Permanent : _____
5. Date of Retirement on Superannuation : _____
6. Where the Officer belongs to SC/ST : _____
7. Date since when continuously employed under the ICAR which expression includes CIFE or any Institute under ICAR : _____
8. Particulars of Period(s) if any, spent on Deputation or on Training or on Foreign Service assignment : _____
9. Emoluments as on date : _____
Present Pay : _____
Present Grade Pay : _____
10. Type of Residence to which eligible : _____
11. Priority date for the eligible type of residence : _____
12. Full present residential address of the applicant : _____

13. Whether the applicant or any dependent member of his/ her family owns a house within the Municipal limits of Mumbai. : _____
If yes, give details : _____
14. Is the applicant entitled to accommodation? : _____
Reserved under the rules for the incumbent if specified post, if so, state : _____
 - a. Particulars of the Post : _____
 - b. The date from which it is continuously held : _____

15. Whether occupying Govt./CIFE Accommodation : _____

- a. Is the applicant sharing the present accommodation allotted to him/ her by the Institute with any other person? If so, give the following particulars about those with whom sharing. **YES/ NO**

<u>Sr. No.</u>	<u>Name</u>	<u>Relationship</u>	<u>Where Employed</u>
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b. Any other relevant information : _____

DECLARATION

I certify and declare that the facts stated in this application are correct to the best of my knowledge and belief and nothing has been cancelled

That I have fully read/ understood the CIFE (Allotment of Residence) Rule, 1991, and amendments made therein from time to time.

That the allotment made to me shall be subject to CIFE (Allotment of Residence) Rule, 1991 and amendments made therein from time to time.

That the allotment of quarter in my name may be cancelled any other action taken against me as deemed fit in case information furnished by me is found false or incorrect or incomplete.

Place : _____

Date : _____

Signature of the Applicant

(TO BE COMPLETED BY THE OFFICE OF THE APPLICANT)

Certified that the facts stated by the applicant against column 4 to 15 of his/ her application have been duly verified from Service Record and found correct. He/ She is due to retire from Service on _____.

Signature : _____

Name : _____

Designation : _____

Entitlement :-

Type of Quarter	Grade Pay	Level (as per 7 th CPC)
I	1800	Level - 1
II	1900 – 2800	Level – 2, 3, 4, 5
III	4200 – 4800	Level – 6, 7, 8
IV	5400 – 6600	Level – 9, 10, 11
V	7600 & Above	Level – 12, 13, 13A, 14 & 15