



ICAR - CENTRAL INSTITUTE OF FISHERIES EDUCATION

(Deemed University)

Panch Marg, Off Yari Road, Versova,

Andheri (West), Mumbai-400061

Tel. No. 022-26361446/7/8, Website : <https://www.cife.edu.in>



Allotment Year: 2024

APPLICATION FOR ALLOTMENT OF STAFF QUARTER

1.	Name of the Official	
2.	Designation	
3.	Department / Office where currently working	
4.	Permanent/ Temporary	
5.	Date of retirement on superannuation	
6.	Whether the officer belongs to SC/ ST	
7.	Date of Birth	
8.	Date of continuously working in the ICAR Services	
9.	Date of Continuously working in the CIFE	
10.	Details, if any period spent on deputation or training and foreign service appointment	
11.	Basic Pay as on 01.01.2024 (Mention Level and Cell also)	
12.	Type of Quarter applying : a. Type I (CIFE, Old/ Bandra Govt. Qtrs.) b. Type II (CIFE, Old/ Bandra Govt. Qtrs.) c. Type IV (CIFE, Old/ New Campus/ Haji Ali) d. Type V	
13.	Do you want the lower grade accommodation/ allotment from the accommodation you are entitled	
14.	Priority date for the Type V Quarters	
15.	Applicant's present residential address	
16.	Whether the applicant or his dependent family member owns a house within the limits of the Mumbai Metropolitan Corporation area	

17.	Whether the applicants are entitled for reservation of accommodation for a particular post under the rules, then tell? a. Post Details b. Date from which he has assumed office permanently	
18.	Whether the applicant is residing in the present residence of the Institute along with any other person, remember, with whom he/she is living comfortably, give the details	
Sr. No.	Name	(if there is a relationship) what are they doing
19.	Whether any family member is a Government employee: Mention Department and Place	

Declaration:-

1. I certify and declare that the facts stated in the application are correct to the best of my knowledge and belief and nothing else has been concealed
2. That I have read/ understood the Allotment of Residences Rules.
3. That the allotment made to me shall be subject of Allotment of Residences Rules.
4. That the allotment of quarter in my name may be cancelled/ action taken against me as deemed fit, in case, information furnished by me is found false or incorrect.

Place : _____

Date : _____

Signature of the Applicant

(For office use)

It is certified that the information in column 4 to 14 given by the applicant in this application has been checked from the service record of the applicant and found to be correct.

Signature of the Officer