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| Description: C:\Documents and Settings\deepak\Desktop\Copy of Letter Head.JPG | 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 | Description: C:\Documents and Settings\Deepak\Desktop\cife-mumbai.jpg |

**Allotment Year: 2025**

**APPLICATION FOR ALLOTMENT OF STAFF QUARTER**

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| --- | --- | --- | --- | --- | --- |
| 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 joining in the ICAR Services | | |  | |
| 9. | Date of joining / continuous working in the CIFE Mumbai | | |  | |
| 10. | Details, if any period spent on deputation or training and foreign service appointment | | |  | |
| 11. | Basic Pay as on 01.01.2025  (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?   1. Post Details 2. 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.

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| --- | --- |
| **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.

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**Signature of the Officer**