



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

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 from Continuously working in the CIFE	
10.	Details if any period spent on deputation or training and foreign service appointment	
11.	Basic Pay as on 01.01.2022 (Mention Level and Cell also)	
12.	Applying for which type of Quarter: a. Type I (CIFE, Bandra Govt. Qtrs.) b. Type II (CIFE, Bandra Govt. Qtrs.) c. Type IV (CIFE, Haji Ali)	
13.	Do you want the lower grade accommodation/ allotment from the accommodation you are entitled	
14.	Applicant's present residential address	
15.	Whether the applicant or his dependent family member owns a house within the limits of the Mumbai Metropolitan Corporation area	
16.	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	

17.	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

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 canceled
2. That I have fully read/ understood the CIFE (Allotment of Residences) Rules, 1991, and amendments made therein from time to time.
3. That the allotment made to me shall be subject to CIFE (Allotment of Residences) Rules, 1991 and amendments made therein from time to time.
4. 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

(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