



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 QUARTERS AT HAJI ALI, MAHALAXMI FROM THE ICAR-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)
IV	5400 – 6600	Level – 9, 10, 11
IV (Special)	6600	Level – 11