



भा. कृ. अनु. प- केंद्रीय समुद्री मात्स्यिकी अनुसंधान संस्थान का
मुंबई अनुसंधान केंद्र

(भारतीय कृषि अनुसंधान परिषद)

[कृषि अनुसंधान एवं शिक्षा विभाग, कृषि मंत्रालय, भारत सरकार]

दूसरी मंजिल, केंद्रीय मात्स्यिक शिक्षा संस्थान का पुराना परिसर, फिशरिज युनिवर्सिटी रोड, सात बंगला, वर्सोवा, मुंबई, महाराष्ट्र - ४०००६१

ICAR-MUMBAI RESEARCH CENTRE OF
CENTRAL MARINE FISHERIES RESEARCH INSTITUTE

(Indian Council of Agricultural Research)

[Department of Agricultural Research & Education, Ministry of Agriculture, Govt. of India]

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मि. सं / File No. 6-17/2018 (Vol.VIII)

दिनांक/ Dated: 01.09.2018

फैक्स द्वारा/ By Fax/ ई-मेल/E-mail

सेवा में /To,

निदेशक /The Director

भा. कृ. अनु. प. - केन्द्रीय मात्स्यिकी शिक्षा संस्थान

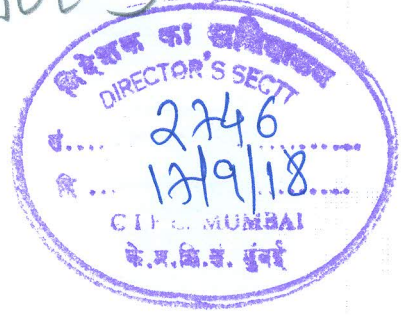
ICAR- Central Institute of Fisheries Education

पंचमार्ग, ऑफ यारी रोड, वरसोवा, अंधेरी (पश्चिम), मुंबई - 400 061

Panch Marg, Off. Yari Road, Versova, Andheri (west),

Mumbai 400 061.

MB-1/AADCE)
4/9/2018



विषय /Subject: Inviting applications from eligible applicants for Type-IV Units at ICAR-
CMFRI, Malwani, Malad_reg.

- संदर्भ /Ref: 1. Letter No.1-2(7)/ICAR/Malwani/Malad/2013-EMM/5587, dated 5th July 2013
form Office of the Estate Manager, Mumbai.
2. No.1-2(7)/ICAR/Malwani/Malad/2013-EMM/4182 dated 01 August 2018.

महोदय/ Sir

With reference to the subject and letters cited above, I am to inform you that three (03) Type -IV units (Quarters) are likely to be available for the allotment at Malad, Malvani ICAR CMFRI, CGS Quarters. Allotment will be subject to availability at the time of allocation. It is requested that this may please be brought to the notice of all the concerned staff members of your Institute/Centre so that interested eligible members can apply for the said accommodation as per the terms and conditions of the allotment. Eligible staff members can be directed to apply for the same through proper channel to the undersigned by the closing working hour of 21-09-2018.

This is for your kind information and further necessary action please.

भवदीय/ Yours faithfully

वी.वी.सिंह
वीरेंद्र वीर सिंह/ Veerendra Veer Singh

अध्यक्ष (आवास आवंटन समिति)

Chairman (Quarters Allotment Committee)

प्रधान वैज्ञानिक एवं प्रभारी वैज्ञानिक/ PS & SIC

- Encl: 1. Schedule-A
2. Proforma showing details reg Income from House owned by the occupant
3. Schedule-D
4. Form C



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SCHEDULE "A"

**APPLICATION FORM FOR ALLOTMENT OF CMFRI/ICAR ACCOMODATION AT CENTRAL GOVT. STAFF
QUARTERS, MALVANI MALAD (WEST), MUMBAI – 95**

1. Name (in Block Letters) : _____
2. Designation : _____
3. Name of father / Spouse : _____
4. Department/ Institute where presently working : _____
5. Are you entitled for HRA : Yes / No
6. Service status : Temporary/Quasi-permanent/Permanent
7. Date of Birth : _____
8. Date of retirement on Superannuation : _____
9. Whether the Officer belongs to : General/OBC/SC/ST
10. Date from which continuously employed in ICAR : _____
11. Date from which posted in the CMFRI or any Institute under ICAR : _____
12. Sex : Male/Female
13. Particular of period(s) if any, spent on Deputation or on training or on Foreign Service assignment : _____
14. Pay Band/Pay scale (Rs.) : _____
Present Pay in the Band pay (Rs.) : _____
Present Grade pay (Rs.) : _____
Present Basic pay (Rs.) Band pay +Grade pay : _____
15. Are you debarred from allotment of Govt. Residence : _____
16. Type of residence to which eligible : _____
17. Priority date for the eligible type of Residence : _____
18. Permanent/Home town address of the Applicant : _____

19. Are you/your spouse occupying Accommodation allotted by other Govt. Department (If yes give details) : Yes / No
 - a. Allottee's name : _____
 - b. House type : _____
 - c. Locality : _____
 - d. Department : _____
20. Whether the applicant or any dependent Member of his/her family owns a house within the Municipal limits of Mumbai. If Yes, give details : _____
21. 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 : _____
22. Whether occupying Govt./CMFRI accommodation : _____
 - a. Is the applicant sharing the present accommodation allotted to him 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>
1.			
2.			
23.	Name & relationship of the members of his/her family who are likely to stay with him/her (Annexure I).		
24.	If there is any preference, details		: _____ _____
25.	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 concealed.

- That I agree to abide by the Allotment of Government Residences Rules, 1963 as amended from time to time or relevant allotment rules as applicable.
- That I am aware of the penalties, which can be imposed in the event of refusal of acceptance of allotment of accommodation of the entitled type under SR-317-B-10 or furnishing the false information, subletting/misuse of the premises under SR-317-B-21.
- That I have fully read/understood the CMFRI (Allotment of Residences) Rules, 2013 and amendments made therein from time to time.
- That the allotment made to me shall be subject to CMFRI (Allotment of Residences) Rules, 2013 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 1 to 25 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	Grade pay (Rs.)
I	: Rs. 1,300, Rs.1,400, Rs.1,600, Rs. 1,650 and Rs. 1,800.
II	: Rs. 1,900, Rs. 2,000, Rs. 2,400 and Rs. 2, 800.
III	: Rs. 4, 200, Rs. 4,600 and 4,800.
IV	: Rs. 5, 400 to 6,600.
IV (Spl)	: Rs. 6, 600.
V	: Rs. 7, 600.
VI	: Rs. 10,000.



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**PROFORM SHOWING DETAILS REGARDING INCOME FROM HOUSE OWNED BY
THE OCCUPANT OF STAFF QUARTERS**

1. Name :
2. Designation :
3. Type of Quarters occupying and Flat No. :
4. Date from which occupying :
5. Whether owns or jointly owns a house :
6. Date from which the house is owned or
jointly owned :
7. Address of the location of the house :
8. Whether the house has been given on
lease/rent :
9. Actual income received form the house :
(House tax receipt / lease deed to be attached)

* Certified that the document produced by me relate the house(s) owned by me and that I will be responsible to intimate any change in income given against column No.9.

Signature :

Name :

Designation :

Place:

Date: