

CENTRAL RESEARCH INSTITUTE, KASauli
DEPARTMENT OF HEALTH & FAMILY WELFARE
MINISTRY OF HEALTH & FAMILY WELFARE

Application form for Fresh Allotment of Government Accommodation or Change of
Accommodation

(TO BE FILLED IN BY THE APPLICANT)

1.	Name In Block Letter		
2.	Designation		
3.	Gender		
4.	Date Of Birth		
5.	Contact No. (Mobile & Landline)		
6.	Date Of Retirement Or Superannuation		
7.	Basic Pay & Level		
8.	Whether Permanent/Temporary		
9.	Mobile No.		
10.	Date of Joining in Govt. Service		
11.	Eligibility for Type of House (use the following information to give your options)		
	Sl.No.	Type of House	Eligible Levels Range(and Pre revised G.P)
	a	I	Level-1 (pr revised Grade Pay- 1800)
	b	II	Level-2 to Level-5 (pre- revised Grade Pay- 1900 to 2800)
	c	III	Level-6 to Level-8 (pre- revised Grade Pay- 4200 to 4800)
	d	IV	Level-9 to Level-11 (pre- revised Grade Pay- 5400 to 6600)
	e	V	Level-12 to Level-13 (pre- revised Grade Pay- 7600- 8700)
	g	VI	Level-14 (pre- revised Grade Pay- 10000)
12.	I hereby apply for Type		
13.	Whether applied for One step Higher or as per entitlement		
14.	Whether applied for One step below or not as per entitlement		
15.	Are you/your spouse occupying house allotted by the CRI, Kasauli of other Govt. organization (Yes/No)		
	If yes, state the name of allottee, Quarter No., Locality, Type		
16.	(a)Where you any time debarred from allotment of residence(Yes/No)		
	(b)If, yes provide details/Periods of debarred and Type of accommodation		
	(c)If any licence fee is outstanding against the applicant in respect of house occupied previously and since vacated (Yes/No)		
17.	Change of Accommodation (Give the reason why do you prefer Change)		

18.	Indicate the period time in the present occupation of Govt. Accommodation with date of occupation.	
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Declaration

1. I hereby agree to abide by the Rules for the allotment of CRI, Kasauli residences as amended from time to time.
2. I am aware of the penalties to be imposed in the event of refusal of acceptance for allotment/unlawful usage/for retention beyond permissible time/or furnishing of false information.

Date.....

Signature of Applicant

Place.....