GOVERNMENT OF MEGHALAYA
OFFICE OF THE ESTATE OFFICER
SHILLONG

APPLICATION FOR ALLOTMENT OF RESIDENTIAL ACCOMMODATION

PLEASE READ INSTRUCTIONS CAREFULLY BEFORE FILLING THE FORM. FILL UP CODES WHEREVER GIVEN. FILL DATES AS DAY (01-31), MONTH (01-12) AND YEAR

TO BE FILLED IN BY APPLICANT

1. Name (IN BLOCK LETTERS, SURNAME FIRST)

2. (a) Basic Pay as on date of application
   (b) Scale of Pay as on date of application

3. Designation

4. OFFICE:
   (a) Department/Directorate
   (b) Office address at which posted and Tel. No.

5. Date from which continuously employed under State Government including Foreign Service, if any.

6. Date of retirement on Superannuation:

7. (a) Sex (Male-1, Female-2)
   (b) In case of Female (marital status) single-1, married-2

8. Whether (Temporary-1, Quasi Permanent-2, Permanent-3)

9. (a) Are you or your spouse occupying accommodation allotted by Estates/Departmental Officer (Yes-1, No-2)
   (b) If yes, fill the name of allotted Designation and Address (Including the type and number of the flat):

10. (a) Service to which officer belongs (I.A.S./I.P.S./I.F.S.-1, M.C.S./M.P.S.-2 Services-3)
    (b) for other Services please give details.
    (c) Are you on deputation from Central Government: (Yes-1, No-2)
    (d) If yes what is the period of deputation
11. (a) Are you debarred from allotment of Government residence? (Yes-1, No-2) □
   (b) If yes, up to which date

12. (a) Do you/your spouse/own a house within Shillong (yes-1, No-2) □
   (b) If yes, give particulars of the house

13. (a) Have you taken House Building Advance?
   (b) If so, indicate year in which loan was taken.
   (c) Have you constructed a house?
   (d) If so indicated location of house

14. Where are you staying at present

15. (a) Does your department under which you are working has quarter at Shillong?
   (b) If yes, reason why you are not allotted departmental quarters.

DECLARATION

1. I abide by the allotment of Meghalaya Government Residence (General Pool) Rules, 1990 as amended from time to time or relevant Allotment Rules application.
2. I am aware of the penalties to be imposed in the event of refusal of acceptance of allotment of accommodation of the entitled type of furnishing of false information.
3. I agree to vacate the quarter on transfer or retirement, or whenever required by General Administration Department.

Date.......................................................(Signature of the Applicant)

TO BE FILLED IN BY THE FORWARDING OFFICER

Department Code

Department: ___________________________

Officer Name: _______________________

Address of place of duty of the applicant

1. Certified that particulars furnished by the Applicant have been verified from records and found correct.
2. It is certified that the Applicant is entitled to rent free accommodation (Delete if not required).

Signature with date and Office Seal

Name

Designation

Tele. No.

Endorsement No: _________________

Date______________________________

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