

Form-B



Bhagat Phool Singh Mahila Vishwavidyalaya
Khanpur Kalan, (Sonipat) Haryana

Application for Shifting of Staff Quarters in same category

(To be filled up by the applicant)

1.	Name (In block letters)	
2.	Designation & Department	
3.	Date of appointment in Vishwavidyalaya	
4.	Date of Superannuation	
5.	Date of Birth	
6.	Basic Pay as on the date of issue of notification for accommodation	In 6 th Pay with G.P. In 7 th Pay with Level
7.	Name of the Section/Department	
8.	Type of Staff Quarters occupied	
9.	Date of occupation	
10.	Pool under which the applicant was allotted accommodation.	
11.	Choice for change of quarter	
12.	Reasons for change	
13.	In case, change is requested on Medical Ground, please give details with documentary proof/certificate issued by the CMO.	
14.	Any other Information, if any.	
15.	Are you availed shifting choice previously, if Yes, Please mention the details.	

Note:- All the columns are mandatory to fill & duly forwarded by the concerned Head. In-complete/false information given in the form may liable to be rejected and disciplinary action may also be taken by the University authority as per rules.

DECLARATION BY THE APPLICANT

- i. I have read the terms and conditions of the "Rules Governing the Allotment of Residential Accommodations", 2012 of the Vishwavidyalaya and I hereby undertake that I shall abide by these rules as may be amended from time to time incase a residential accommodation is allotted to me.
- ii. I shall inform the Vishwavidyalaya as and when I or my spouse or dependant children become(s) the owner of the house subsequently within one month from the date of acquiring such ownership and the residential accommodations allotted by the Vishwavidyalaya shall be vacated as per clause-15-(iii) of these rules.
- iii. I shall inform the Vishwavidyalaya as and when my spouse is allotted any quarters by the organization wherever he/she works.
- iv. I hereby declare that I have neither changed any quarters of my grade in the past nor any change was offered tme.
- v. I further declare that I have not made any application for change nor refused any change of accommodation in the past.
- vi. The information as declared by the undersigned is true to the best of my knowledge and belief. I also declare that no part of it is false and no material information has been concealed/ suppressed. Further, I am aware of the fact that if my declaration as given above is found to be incorrect in any manner, my allotment is liable to be cancelled and disciplinary proceedings shall be initiated against me.

Dated.....

Signature of applicant

Name:.....

Designation.....

List of Enclosures:

For office use only:-

Form must be forwarded by concerned HOD/ IN-CHARGE/ HEAD		
	Name: Designation:	
Date:-	Signature with Office Seal	

Registration Number	Date of Receipt of application	Remarks
Dealing Clerk/Assistant	Superintendent	Assistant Registrar

