

Application No.

Application Date **20**

APPLICATION FOR QUARTERS
(Put tick mark (✓) to select whichever is applicable)

GPF No.

NEW EXCHANGE

**Space for
Stamp Size
Photograph**

(for Non-Government applicants)

Office Secretariat Head of Department District Others

Category

Principal Secy. / Comm.-cum-Secy / Addl. Secy / Jt. Secy / Dy. Secy / Under Secy

Govt. of India Employee Employee of Board / Corporation / Private Essential Services Sports Person NGO

Deputed to Govt. of India National/State Award Winner Media Person Others

Specify details:

1. Personal Details (In Block Letters)

A. Full Name

B. Father's / Husband's Name

C. Sex: M F

D. Date of Birth

E. Retirement Date

F. Date of entry into Regular Service

G. Date of Regular appointment to Present Scale

H. Permanent Address:

Plot No/Area/Locality

Street/Road/Village

Post Office

District & State

PIN



Off. Res.

E-mail _____@_____

2. Present Posting Details

(i) Designation _____ (ii) Department/Organisation _____

(iii) Scale of Pay _____ (iv) Present Basic Pay _____

(v) Gazetted Non-Gazetted (vi) Group A B C D

3. Marital Status : Single Married Widow Childless Widow

4. Health Status of Applicant /: Blind Cancer Paralysis Polio Heart Surgery Kidney Surgery None
Dependant (Give details and attach certificate as applicable)

5. Any quarter allotted to: Father Mother Spouse Son Unmarried Daughter None

If allotted, Specify

Qr. Type _____ Qr. No. _____ Area _____ Date of Allotment _____ Order No. _____ / _____

6. Any House at Bhubaneswar : Self Spouse Son Unmarried daughter None

If yes, Plot No. _____, Area _____, PO _____ PIN _____

7. Applicant appointed under Rehabilitation Scheme? – Yes/No **8. Willing for joint accommodation? – Yes / No**

9. Willing to avail lower type, in case entitlement is not available? – Yes / No

10. The area of choice in order of preference

1)	2)	3)
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11. Whether any GA Quarter was previously allotted? – **Yes / No**

If Yes, give details

Qr. Type ____ Qr. No. ____ Area _____ Period: From _____ To _____ Order No. ____ / _____

Whether any penal action has been taken for non-vacation of quarters? **Yes / No**, (*If Yes, Give Details*)

12. Remarks:

Signature of the Applicant

The application of Shri / Smt/Ms. _____ is recommended for consideration of *new allotment / exchange* of quarter.

Date:

Signature of Secretary to Government /
Head of the Department / Head of Office/
Authorised Sponserer (**with seal**)

Check List (For office use only)

- Necessary document(s) regarding category
- Affidavit of no allotment of quarters to near relatives
- Affidavit regarding no penal action for non-vacation of quarters
- Rehabilitation Scheme Appointment Order
- Affidavit of not having house at Bhubaneswar
- Stamp size photograph
- Medical Certificate
- Award Certificate
- Proof of Sportsperson
- Others

Signature of Verifying Officer

(Acknowledgement)

Application No. & Date

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Date of Receiving the Application

		20
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Received application of Shri / Smt/Ms. _____, Designation _____
of _____ for *new allotment / exchange* of quarters. Please refer your Application No. or GPF
No. for further enquiry.

Signature of Receiving Officer

Following Documents are not available with your application-

- 1.
- 2.
- 3.
- 4.