

## FORM OF APPLICATION FOR ALLOTMENT OF RESIDENTIAL ACCOMMODATION

1.	Name of applicant(In full Block letter) & Designation		
2.	Scale of Pay		
3.	Whether permanent or Temporary		
4.	Details of salary Drawn (i) Basic Pay (ii) G.P. (iii) Local allowance		
5.	Office in which working and the date from which working		
6.	Place of Head quarter		
7.	Date of entry in Govt. service		
8.	Whether Wife/Husband/Son /Daughter serving under the Administration. If so, please give details		
9.	If so, whether housing accommodation is given to that member of family serving under the Administration.		
10.	Details of family members likely to be accommodated.		
	Name	Age	Relationship
11.	Whether any of the above family member(s) is/are in possession /likely to be allotted residential facility within 8 km. from the place of head quarter by the Govt. Autonomous Body/Society.		
12.	Whether owning house in his /her / dependent ,s name .Please give details .		
13.	If so, the monthly income received from the same		
14.	Present residential arrangement.		
15.	Whether willing to accept allotment of lower type of accommodation.		
16.	Location/area in which the applicant desired allotment .Please give details. In case of multistoried building the floor (Ground, First, Second) on which the accommodation is preferred be stated.		
17.	Any other particulars.		

(Signature of the applicant)

(PTO)

**DECLARATION TO BE SIGNED BY THE APPLICANT**

I \_\_\_\_\_, hereby declared that I have gone through The Dadra and Nagar Haveli Administration Residential quarter(Allotment),Rules,1977 and I agree to abide by the same fully.

I further declare that the information filled in the application is true and shall immediate inform the Administration in case there being any occasion which calls for the under the Rules.

Station :

(Signature of applicant)

Date :     /     /201

Submitted to the \_\_\_\_\_ through  
the \_\_\_\_\_

(Proper Channel)

No. \_\_\_\_\_

Office of the \_\_\_\_\_  
Dadra and Nagar Haveli, UT.  
Silvassa dtd.     /     /201

Submitted to the \_\_\_\_\_

2/- The information filled by \_\_\_\_\_  
working as \_\_\_\_\_ is verified by me the  
through the available resources at my disposal and I consider him/her eligible for  
allotment of Govt. residential accommodation.

(Signature of Head of Office with seal)

TO BE USED IN THE OFFICE.

Received the application on - \_\_\_\_\_ and entered at  
Sr.No. \_\_\_\_\_ of the Register for allotment of quarter of Class \_\_\_\_\_  
Type, and the application informed vide letter No. \_\_\_\_\_  
dated     /     /201

Superintendent (Collectorate)  
Dadra and Nagar Haveli,  
Silvassa.