

FORM - II

Andaman & Nicobar Administration
Housing and Estate Department

Application for change of higher type of Govt. accommodation under General Pool
[Please fill the application form in BLOCK letters]

1. Name of employee :
S/o or W/o
2.

Date of birth	Date of arrival in station	Priority date*																								
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Date of Initial Appointment	Date of confirmation in service	Date of retirement																								
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3. Status of employment(Regular/Temporary) : ☐ Regular ☐ Temp.
4. State whether you are a Mainland recruit or local recruit.: ☐ Mainland
(Please attach a copy of appointment /posting order) ☐ Local
5. Designation. :
6. Office in which presently working :
7. Category of employee (Group A/B/C/D) :
8. Scale of Pay : Rs.
9. Basic Pay as on 1st of January of the year in which application submitted : Rs.
10. Please state whether you are a part of joint family :
11. If so, does the joint family possess a house within the Municipal Limits or within 20 Kms. from out side municipal limits.:
12. Please state whether any of your family members/spouse, parents, Children, leagally adopted children and sister ordinarily residing With you/owns or is in possession of house within the municipal limits or within 20 Kms from the outside municipal limits:

II Details of Spouse :

1. Name of spouse :

2. If employed, state whether employed in Central Govt./ State Govt.
PSU/ Central Govt. Organisation.

:

3. Name of Department/office/Organisation/PSU working in :

4. Designation :

5. Whether spouse, if working has been allotted Govt. accommodation
at the same station. :

If yes details of quarter allotted :

Type

Quarter No.

Address:

III Details of Govt. accommodation allotted:

Order No.

Date of allotment

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1. Copy of allotment order should be enclosed.
2. Designation as on date of allotment
3. Office in which working as on date of allotment.
4. Basic pay as on date of allotment.
5. Priority Date (*)
6. Details of quarter allotted and occupied

Type :

Qtr. No.:

Area:

Date of Occupation

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IV. Details of Govt. accommodation requested for

1. Details of quarters requested for:

Quarter Type : I II/ III/ IV/ V / Transit/ Mess Location:

2. Please state reasons for requesting change of quarter:

3. Medical Certificate to be attached if change required on medical ground.

(*) Priority date of a Govt. servant in relation to type of residence to which is eligible under the provision of rule 7 means the earliest date from which he/she has been continuously drawing emoluments relevant to a particulars type or higher type in a post under the Administration or on foreign services, except for periods of leave.

Signature of the Applicant.

Certified that the information furnished by the Shri/Smti/Kumari _____
_____ working in _____ as _____

is correct as per records available with this office.

Signature of HOD
Name (in Block Letters)
Designation (in Block Letters)
Office Seal.

Location: Category I: Prothrapur and Nayagaon.
 Category II: Shadipur and South Point.
 Category: III: Rest of the Municipal area.