



INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES, PATNA - 14

(An Autonomous Institute of Government of Bihar
Statutory University Created by an Act of Bihar State Legislature)

ACCOMMODATION SECTION

To,

The Chairman,
Accommodation, Committee
IGIMS, Patna-14

SUB: APPLICATION FOR ALLOTMENT OF ACCOMMODATION / HOSTEL.

Sir,

I am working as a in the Department of
.....It is requested that I may be allotted accommodation/
hostel in IGIMS campus. My brief particulars are as under:-

1. Name (In Block Letters)
2. Designation3. Deptt.....
- 4.* Date of Joining
- (Pl. Attach Appointment & Joining Acceptance letter)
5. Father's / Husband's Name
6. Whether Physically handicapped :(Yes/No).....
- *If yes, please attach a proof in support.
7. Permanent Home Address & Tel. No.....
.....
.....
.....
8. *Mobile No.....
9. Pay Scale in 7th CPC (Cell -.....Level-.....)
10. Whether married or unmarried.....
11. Name of the spouse and his/her occupation details, designation, address etc. (In case of employment under Government/Autonomous Organization / PSU, details may be provided).
.....
.....

Mandatory fields are marked with an asterisk (*)

GENERAL INSTRUCTIONS:-

1. ***This application is valid till Six months only after submission. In the meantime, if the applicant wants for non-allotment of accommodation, one should submit a fresh application to the Chairman, immediately. In case there is no vacancy in accommodation/ hostel, one should apply a fresh for the same or put his/her fresh signature with date on the same application as renewal of the requirement of quarter.***

P.T.O

2. *An employee whose wife or husband, as the case may be has already been allotted any residence by the institute, the Government, the Local Administration, Autonomous Body, etc. will not be eligible for grant of house rent allowance.*

DECLARATION

I agree to abide by the accommodation/ hostel rules and regulations in force regarding the allotment of accommodation/hostel and the use of hostel rooms. I further state that I will abide by all such orders as may be issued from time to time by the competent authority and on his behalf by an appropriate authority.

Enclosure:

- 1.
- 2.
- 3.

Yours faithfully

(.....)

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This application should be forwarded by the Head of the Department/ Chief Nursing Officer/ Head of Concerned Section.

Signature & Stamp Head of the Department/
Chief Nursing Officer/
Head of Concerned Section.

_____ X _____