Reminder - III

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI DEPARTMENT OF TRAINING AND TECHNICAL EDUCATION MUNI MAYA RAM MARG, PITAMPURA, DELHI (Allotment Branch)

No.F.24(13)/Allot/Interpool/2005/Vol.II/ 712-713 Dated

Dated. 27.8.12

SS DIA

To

All Principals/Head of Institutions under DTTE PS to Pr. Secretary/Director, DTTE (HQ) All branch Incharges, DTTE (HQ), BTE (except plist or) Delhi/New Delhi

Sub: Inviting applications for allotment of Type-V flats at Sunder Apartment, Paschim Vihar.

Sir/Madam

In continuation to this office earlier circulars on the subject cited above, it is once again brought to the knowledge of all concerned that Flat No.122-B, 122-A and 119-B Sunder Apartment, Paschim Vihar, Delhi are available with DTTE for allotment to eligible applicants of the Department.

You are, therefore, requested to circulate the contents of this letter amongst the eligible officers of your institution/office. Request of willing applicants for allotment of flat must reach to this office within one month from the date of issue of this letter. Blank application proforma is enclosed herewith for providing the same to willing applicants.

Yours faithfully,

Juny,

(Prasad Kumar P) Superintendent



No.F.24(13)/Allot/Interpool/2005/Vol.II/ 712 - 713 Dated. 27 - 8 - 12The Programmer (EDP Cell), DTTE (HQ) - with the request to upload the circular on the website of the department for wide publicity.

> (Prasad Kumar P) Superintendent

GOVT. OF N.C.T. OF DELHI DEPARTMENT OF TRAINING & TECHNICAL EDUCATION ALLOTMENT BRANCH MUNI MAYA RAM MARG, PITAM PURA, DELHI-88

Application for allotment of government accommodation under Directorate of Training & Technical Education, Allotment of Govt. Residence Rules

Part-I

(For Office use only)

Type for which Applied	Pool under which Applied	Priority Date *	Remark

Part-II

(To be filled up by the applicant)

 Please read instructions carefully before filling the form. Incomplete application will be rejected without any further reference.

· Please fill up the form neatly/preferably in BLOCK LETTERS.

• Fill up dates, e.g. days as (01-31), Months as (01-12) & Year as (20___), in the format.

· Please tick wherever required to do so.

1. Name (Mr./Mrs./Miss)				
2. Designation		GPF No.		initial of the state of the sta
3. Name of Institute/Office from whe	ere salary is being			a contract contract of
4. Pay Band as on date	V			
5.(a) Basic Pay as on date				
(b) Grade Pay as on date			and the second	
6. Date of Birth			and and	
7(a) Date of regular initial appointm (For Type-1 to Type-IV)	ent			
7(b) Date of continuously drawing g above (For Type-V Category)	rade pay Rs.7600/- &			
7(c) Whether belongs to SC/ST/Ex-S	Service men Category	. If yes, attach proof.		
8. Date of retirement on superannual	ting	11111 - P	- I - come - come - i -	
9. Service/Cadre to which employee	s belongs			an an the second se
10(a) Are you on deputation	Ycs		No.	
10(b) If yes, since the date	www.	Duration of		

10(b) If yes, since the date		32.21	outation		Mary and a second second
11(a) Marital Status					
11(b) Details of Spouse's employment				The state of the state of the	
11(c) Do you or your spouse Occupying accommodation allotted by Dte. of Estate / DTTE /Delhi Govt./or any	Allotter' address	s Name &			11 - 11 11
other Govt. body. If yes Please Give details.	Туре	Locality	Sector	Block	Quarter No.
A A					
12. Are you debarred from allotment of Govt. residence?		Yes		No	
If Yes, up to which date	A			· · · ·	
	1	_		the second s	

12(9) ()	wner	Relation	ship with the app	olicant		
13(b) A the hour	ddress of se			Rental Incor	ne	1
14. Poo	ls available	General Pool		SC Pool		ST Pool
Гуре	Eligible Grade Pay Ra	nge Please tick for	the Type applied	I Mentio GP/SC/	A Contraction of the second se	under which applied
	Rs.1300, Rs.1400, Rs.1600, 1650 & Rs.1	800				
u.	Rs.1900, Rs.2000, Rs.2400 & Rs.2800					
11	Rs.4200, Rs.4600 & Rs.4800					
V	Rs. 5400 to Rs.6600					1
V	Rs.7600					
	you applying on Medical ancer, Heart Ailments, Bl		ly Handicapped)	If Yes.	Yes.	No.
enclose	the attested photocopies of	of			man de sal	
enclose Ration 16. Add of duty	the attested photocopies of Card/Latest Medical Certi Iress of place of the	of				
enclose Ration 16. Add of duty Applica	the attested photocopies of Card/Latest Medical Certi Iress of place of the int:-	of	Hospital. 17. Perma Address	nent (If	-	
Applica Phone 1	the attested photocopies of Card/Latest Medical Certi Iress of place of the int:-	of	Hospital. 17. Perma Address any):-	nent (If		
enclose Ration 0 16. Add of duty Applica Phone 1 18. Pre 19. If y	the attested photocopies of Card/Latest Medical Certi Iress of place of the int:-	ficates from Govt.	Hospital. 17. Perma Address any):- Mobile No.:	nent (If	iving	

Declaration by the Applicants

A. I agree to abide by the Directorate Of Training & Technical Education allotment of Residences Rules-1978 as amended from time to time and relevant allotment rules of the Govt. of India, as applicable.

B. I am aware of the penalties, which can be imposed in the event of refusal of acceptance of allotment of accommodations of the entitled Type under SR-317-B-10 or furnishing of false information, subletting/misuse of the premises under SR-317-B-21.

Date:-

Signature of the applicant

Part-III To be forwarded by the employee's office

I. Flat No. Type- at

has been allotted by the

Directorate of Estate/PWD/ Govt. agency to the applicant whose grade pay is ______as on date.

Certified that the particulars furnished by the applicant have been verified from records and found correct. It is also certified that the applicant is employed in an eligible office and has not been debarred from allotment of general pool accommodation.

> Signature of Head of Office with date and office seal Name______ Designation______