

दूरसंचार परिगण्डल
Bihar Telecom Circle
मुख्य महाप्रबंधक का कार्यालय
O/o the Chief General Manager
संचार सदन, बुद्ध मार्ग, पटना- 800001
Sanchar Sadan, Budh Marg, Patna-800001



भारत संचार निगम लिमिटेड
(भारत सरकार का उपक्रम)
BHARAT SANCHAR NIGAM LIMITED
(A Govt. of India Enterprise)

(5)

APPLICATION FORM FOR NEW ALLOTMENT/CHANGE OF QUARTER

1. Name of the applicant in full (In Block letters):-
2. Designation & Staff No. / HRMS No. :-
3. Place of Duty with address :-
4. Date, Month & year from which the officer/official is working on present post:-
5. Date, Month & year from which the officer/official is Continuously working in the Department (Date of appointment as in SAP Portal) :-
6. Contact No :- i) Office: ii) Mob.
7. E mail address :-
8. Date of Birth :-
9. Date of Superannuation :-
10. Whether belongs to SC/ST :-
11. Applications for (please score out the options not selected):-
 - a. Allotment of Qtrs. :-
Choice of Location (i).....
(ii).....
(iii).....
 - b. Change of Qtrs :-
(i) In same Location (Yes/No):-
(ii) Name of the Location incase of 'No' for (i) above:-
12. Please mention your entitlement of qtrs as per eligibility criteria (pl. see Annexure-I):-
(Type -I, II, III, IV, IV (Spl), V & VIB)
13. Whether the applicant desires allotment for the Qtrs one type below (Yes/ No):-
14. Whether the applicant desires allotment for the Qtrs one type higher with enhanced license fee as per rule (Yes/ No):-
15. Name and address of the Controlling Unit.: (in BSNL / OTHERS):-

Contd. Page- 2/-

16. Particulars of emoluments:-

- a) Type of scale of the applicant (IDA or CDA) :-
 b) Pay Scale :-
 c) Basic pay as on date of application (Enclose latest Salary Slip) :-
 d) Month of annual increment in the pay :-

17. Whether spouse of the applicant is in service in any Govt. Department / CPSU and is occupying any official accommodation in his/her name. If so, give particulars there of:-

- (i) Name of office with full address in which spouse is working :-
 (ii) Details of official accommodation in the name of spouse :-

18. Details of the family members of the applicant (as defined in F.R. giving exact relationship and age of each member who will be staying with him / her in the Quarter :-

SN	Name	Age	Relationship
1			
2			
3			
4			
5			
6			

- (i) Present residential address in full :-
 (IN BLOCK LETTER)
 (ii) Designation of the drawing & disbursing officer of the applicant :-

I hereby declare that all the information furnished above is correct and that I shall be liable for disciplinary action in case the details as furnished above is found false.

Date:-

Place: -

Signature of Applicant

Date:-

Place: -

Countersigned by Head of Office
 (Designation Stamp & Full address)FOR THE USE IN THE OFFICE OF THE CONTROLLING UNIT

Particulars verified

Date:

Place:

(Accounts officer)
 (With rubber Stamps)