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E.S.I. HOSPITAL
SRI MAA ANANDMAYEE MARG, OKHLA PH-I
NEW DELHI – 110 020

File no. :114-D-11/20/2/2004-Okh

Date :26/12/2014

CIRCULAR

Sub: Allotment of Type I, II, III and IV Residential Accommodation at ESI Hospital, Okhla – Drawing up the priority list for the year 2015 for allotment.

Applications are invited from the officials of ESI Hospital, Okhla who are interested for allotment of Type I, II, III and IV residential quarters in the complex of ESI Hospital, Okhla in the enclosed proforma for drawing up priority lists. This priority list will remain effective up to 31/12/2015 or up to the date as may be decided by the ESI Hospital, Okhla Administration.


Type of residences entitlement as per drawing emoluments (as per Grade Pay of 6th pay Commission):

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|-----|---|
| I | Rs. 1300, Rs. 1400, Rs. 1600, Rs. 1650 & Rs. 1800 |
| II | Rs. 1900, Rs. 2000, Rs. 2400, Rs. 2800 |
| III | Rs. 4200, Rs. 4600, Rs. 4800 |
| IV | Rs. 5400, Rs. 6600 |

Application in the prescribed proforma shall be submitted to the Administration Branch of the Hospital latest by 15/01/2015. Incomplete applications will not be considered and no correspondence will be entertained thereafter.

The allotment of quarters will be made according to the provision of allotment rules. Any conditional acceptance or request for deferment of allotment etc., if any, will be deemed as REFUSAL and such applicants will be debarred from the allotment for the period of one year. The applicants are advised to intimate about the cancellation of his request either in case of his transfer or other exigencies.

The Estate Officer on exigency may cancel the existing allotment of quarter to any official or may allot an alternative residential quarter of the Type next below the Type which she/he is entitled.


A.N. Prasad
Joint Director (Admn.)

For circulation:-

- All Notice Boards
- All Officers & Staff

**APPLICATION FORM FOR THE ALLOTMENT OF STAFF QUARTERS AT ESI
HOSPITAL, OKHLA, NEW DELHI-20**

1. Name of the Applicant (in block letters) :
2. Applicant's Date of Birth :
3. Designation/Place of Posting :
4. Drawing & Disbursing Officer :
5. Sex (Male/Female) :
6. Marital Status (Married/Unmarried) :
7. Date of Continuous Service in the ESI Corporation :
8. Date of Superannuation :
9. Details of Past Service, if any :
10. a) Present Basic Pay/G. Pay :
b) Pay Scale :
11. Type of Staff Quarter Applied for :
12. Belong to SC/ST/PH Category :
13. Whether wife/Husband of the applicant employed (if yes, give details) :
14. Whether you or any of your family members own any house/allotted any accommodation within the NCR Area (if yes, give details)
15. Details of family member who will reside in the quarter when allotted and occupied

S.No.	Name of the family member	Sex	Date of Birth/Age	Relationship
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16. Applicant's Mobile No.

Office No.

Ihereby declare that the information given above is true to the best of my knowledge and belief and will be held liable for any wrong submission in it. I have read the Quarter Allotment Rules and undertake to abide by it.

Place:

Date:

Signature of the applicant

Place of Posting

(for Office use only)

Forwarded to Joint Director (A) Estate Office, Medical Superintendent, ESI Hospital, Okhla Ph-I, New Delhi for further necessary action. The matter regarding appointment of the above said employee/officers is correct as per record of this office. Above Column have been verified from service of the employee concerned and found correct.

Signature

Designation

Office Seal