## 20 FORM - 'B'

## APPLICATION FORM FOR CHANGE OF HOUSE

To

The Director Principal, Govt. Medical College, Chandigarh.

Sir,

I request for the change of Government house allotted to use. The detailed particulars of the house in occupation and the house required in change are given hereunder :

1. Name of the allottee

2. Designation

3. Department

4. Father's/Husband8s Name

5. Date of birth .

6. Date of retirement

7. Detail of houses allotted/remained in possession of the allottee. as at Sr. No. 1 above, since his/her joining at Govt. Medical College/Hosital, Chandigarh.

Type of house	House No. and Sector	Allotment order No. and Date	Date of ecomparise of House
a.	@		
nonder andre 193			
b.			
-			
с.			
d.			
е.			

(Detail of all the house allotted to the applicant/allottee, whether occupied or not-should be entered above).

8. Type, No. and Sector of house in occupation at present

(Please attach photocopy of the allotment order and possession certificate of the said house).

21

a. Reasons for asking change of the houre\_\_\_\_\_\_

10. Whether the request is for a particular type, house number and Sector : if yes, give details :

(a) Type of the house\_\_\_\_\_

(b) House No.\_\_\_\_\_Sector\_\_\_\_\_

(ii) If the request is not for a particular house, then please give the choice of floor, particular, type and sector etc.; if any\_\_\_\_\_

l certify that the particulars given above by me are true and correct to the best of my knowledge and nothing has been concealed therefrom. I undertake that in case any of the particulars given above are found incorrect in any manner I may be held responsible for the same and the request made by me may be considered as withdrawn and I am liable for disciplinary action for the concealment

I also certify that the house is in my personal occupation and no part of it has been let out to any one by me.

> Signature of the applicant, Date

(Recommendations of the Head of the Department/Office of the alottee)

Office of the \_\_\_\_\_\_Dated : \_\_\_\_\_\_\_

The request of Sh./Smt: working in this office as (Designation) and is presently living in Government, House No. Sector as per record of this office is forwarded in original to the Member, Secretary, House Alletment Committee, Govt. Medical College/Hospital, Chandigarh. It is certified that the licence fee for the said house is being recovered from his/her pay regularly and is being deposited with the Deputy Controller (F&A) Rents, Chandigarh Administration and there are no arrears of licence fee outstanding against the

2. The reasons for the change of the house given by him/her in the application are justified and as such the request of the applicant is recommended.

> Signature of the Head of Department (with seal)