

N.F.RAILWAY

Application for Enlistment of name in the seniority list for allotment of Quarter in PNO/MLG area under General Pool of Chairman, C.H.C.MLG.

<p>(A) Type of Qrs. Applied for</p>	<p>(B) Category for Registration (Essential/Non-essential/SC & ST/ Type-I to Type-II Lower Type to higher type including Optional area/PS.</p>
<p>(1) Name in full (Block letter)</p>	.....
<p>(2) Designation & Office</p>	.....
<p>(a) Controlling Officer</p>	.....
<p>(3) Working under & place of working</p>	.....
<p>(4) Date of Birth</p>	.....
<p>A. EMP No.</p>	.....
<p>B. PF/NPS No.</p>	.....
<p>C. Mobile No.</p>	.....
<p>(5) Date of regular Rly Service as</p>	<p>Appointment to. (a)..... (b)</p> <p align="center">(Group "D") (Group "C")</p>
<p>A. Date of Normal Retirement</p>	.....
<p>B. Date of entitled</p>	.....
<p>a) Type II, III, IV etc. (Please tick which is applicable).</p>	.....
<p>(6) Present Pay, Scale & GP.</p>	.....
<p>(7) Qr. for which area (PNO/MLG) opted for</p>	<p>(a) Popular Area (i) MLG Area..... (ii) PNO Area.....</p> <p>(iii) Both Area.....(Please write Yes or No)</p> <p align="center">(Bifurcation on MLG area & PNO area will be AT Road</p>
<p>(8) In case priority opted for Registration</p>	<p>(a) Essential :-</p> <p>(i) Date of Entry.....</p> <p>(b) Non – Essential :-</p> <p>(i) Length of Non- fortuitous (Regular) Service: - Y.....M..... D.....</p> <p>(c) Transferee :-</p> <p>(i) Particulars of transfer O/O No. Date..... Issued by .....Stn. ....from to</p> <p>(ii) Date of Arrival/Joining to PNO/MLG</p> <p>(iii) Particulars of Qr. If enjoyed at previous Station with allotment references. Type of Qr..... O/O No. Date..... Issued by</p> <p>(iv) Dt. Of vacation of Qr. At previous Station.....</p> <p>(v) Whether permission for retention obtained if the Qr. Not vacated. Period of retention..... Months/w.e.f.....</p> <p>(d) SC/ST</p> <p>(i) Whether staff belongs to SC/ST</p> <p>(ii) Certificate No .....Date</p> <p>Issued by.....</p>

(e) Type I to Type II

- (i) Dt. Of Promotion from Gr. D to C on regular basis.....
O/O No.Date..... Issued by
- (ii) Length of Non-fortuitous Y M.....D.....
(Regular) Service as Gr. D :-.....as Gr. C :-.....

Please Note: Copy of pay slip and copy of appointment letter or memorandum regarding grade pay have to be enclosed (compulsory). Without requisite documents the application will not be entertained and treated as cancelled. In complete and unfilled application will not taken in consideration.

(f) Lower to High type

- (i) Opted for higher Type
- (ii) Allotment ref. of existing Qr. No.....Type Area
O/O No.Date..... Issued by
- (iii) Pay Scale for entitlement Type III Type IV
- (iv) Dt. Of Entry in Scale

- (9) Whether having own Qr.No.....Area.....
house of Guwahati O.O.No.....Date.....
Municipal Corporation.

NB : Strike out the columns not applicable.

- (10) **Declaration to be furnished by the Applicant:** *I do hereby certify that the above particulars furnished by me are true to the best of my knowledge and belief and I further undertake that in the event of any entry above is found incorrect or not in order, my application shall liable to be cancelled at any stage before or after allotment of quarters.*

Date
Place

Signature of the Applicant
Mobile No.....

- (11) Certificate furnished by the Cadre/Personnel Branch Officer :-

It is certified that the particulars furnished by Sri Designation through the above proforma, have been verified with his/her record available in this office and found correct.

Date

**Signature of the Cadre/Personnel Branch Officer
(With Office Seal)**

N.B: In case Personnel Officer is not available, the respective Controlling Officer who dealt with P. Case and other personnel matters of the applicant will be treated as Personnel Branch Officer and he should certify column 10 above as like as Personnel Branch Officer. The authority for certification/verification of service particulars should not be below the rank of Gazetted Officer.

No :-

Dated

- (12) The service particulars filled by the applicant Sri Designation, duly verified by the P. Branch Officer with his service records available with them is hereby forwarded to Chairman, Central Housing Committee, Maligaon for further necessary action.

**Signature of the Controlling Officer
(With Office Seal)**

This application format is applicable for General Pool Quarters under Chairman, CHC, Maligaon.