

Government of India
Directorate of Estates

Application for Allotment of Accommodation on Functional Ground to Personal Staff of Dignitary

INSTRUCTIONS: > Please fill up the form in BLOCK LETTERS only. > Please fill-up DE-2 Form also, if not already submitted. > Fill dates as day (01-31), month (01-12) & year (2002) in the format DD-MM-YYYY . > Please tick (✓) wherever required to do so.						To: Directorate of Estates Nirman Bhawan New Delhi - 110011					
Registration Number of Allottee (To be filled up if allotted)			Allottee Account Number (AAN) (To be filled up if allotted)			Date of Receipt (To be filled by Directorate of Estates)					
Details of Dignitary with whom the Applicant is attached											
1. Name of Dignitary											
2. Designation / Position											
3. Department / Organization											
4. Ministry											
5. Address of Residence / Office											
Applicant's Details											
6. Name		Shri / Smt. / Km / Ms. / Dr.									
7. Designation											
8. Telephone No.											
9. Basic Pay (as on 1 st January of the current year)		10. Basic Pay fixed as on date of new assignment				11. Date of new appointment					
12. Place of working prior to present assignment											
13. Do you / your spouse occupying accommodation allotted by Directorate of Estates (DoE). If yes, please give details :											
Allottee's Name											
Type		Locality			Sector		Block	Quarter No	House ID		
Whether it was allotted in his capacity as a member of the personal staff of a Dignitary,											
Name of Dignitary											
Ministry / Department / Office											
Date of sanction of the accommodation					Date of allotment of the accommodation						
14. Whether the applicant has been appointed through											
Same Ministry / Department			Deputation from other Ministry / Department			Open Market					

Declaration by the Applicant:

I agree to abide by the Allotment of Government Residences (General Pool in Delhi) Rules, 1963 as amended from time to time or relevant allotment rules applicable.

Date: _____

Signature of the Applicant: _____

1. Certified that the present application has the recommendation of the Dignitary (copy of recommendation enclosed).
2. An attested copy of the Office Order appointing the personal staff on formal capacity is enclosed.

Signature with Date : _____

Name _____

Office Seal

Designation _____

Phone _____

E-mail _____

TO BE FILLED IN BY THE FORWARDING OFFICE

Department Code		Endorsement No.		Date	
Office Name					
Whether the applicant has been appointed against the formal sanctioned strength of personal staff of the dignitary as laid down in the Department of Personnel Training's O.M.No.-8/3/92-CS(II) dated 14-1-94.				YES	NO
If YES, attested copy of the notification should be enclosed.					

Certified that particulars furnished by the applicant have been verified from records and found correct.

Signature with Date : _____

Name _____

Office Seal

Designation _____

Phone _____

E-mail _____