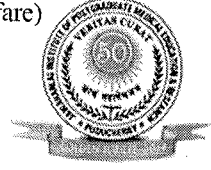




**JAWAHARLAL INSTITUTE OF POST GRADUATE MEDICAL EDUCATION & RESEARCH**  
(An Institution of National Importance under Ministry of Health & Family welfare)  
GOVERNMENT OF INDIA  
Dhanwantari Nagar, Puducherry- 605006



Website: [www.jipmer.edu.in](http://www.jipmer.edu.in)  
Phone: 0413 – 2296002, 2296022

Fax: 0413 – 2272067- 22727.

**ESTATE SECTION**

No. JIP/Estate.2(1)/2024

Dated: **9 AUG 2024**

**CIRCULAR**

Sub: Willingness call for from eligible staff to allot vacant quarters - Reg.

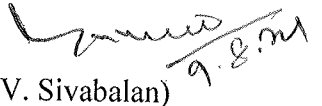
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It is hereby informed that the following quarters are vacant and it is decided by the Competent Authority to get willingness from the eligible staff whose names in the priority list for allotment of quarter for the year 2024 and others who are not applied for priority list may also apply to allot below mentioned quarters. In this connection it is requested to submit willingness in the prescribed format of application to the Estate Section, JIPMER on or before 19.08.2024 and late application will not be accepted at any circumstances.

Sl.No.	Vacant quarter type and number	Eligible level of pay
1	Type-I/No.9, 11, 15, 30 & 32	Level-1 (Staff who are drawing level-2 also may submit willingness under One Type Below basis)
2	Type-II/No.14 & 35 Type-G/No.57 & 93	Staff who are drawing level-2 to Level-5

The allotment of the above quarters will be allotted based on seniority as per rule.

This is issued with the approval of the Competent Authority.

  
(V. Sivabalan)

Administrative Officer

प्रशासनिक अधिकारी  
Administrative Officer

जिपमेर / JIPMER  
पुदुच्चेरी / Puducherry-6

To

- All Departments/Sections/Units/Chief Nursing Officer/  
Nursing College - for circulation among the staff members.

Copy to :

1. PS to the Director/MS/Dean/DDA
2. IT Wing – with request to upload the same in JIPMER website and send emails to all staff members.
3. The OIC of Hindi Cell - with a request to translate and upload in JIPMER website.



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**AND RESEARCH, PUDUCHERRY-6**  
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**ESTATE SECTION**

Form of application for Allotment of vacant quarters (Type-I/No.9,11, 15, 30, 32, Type-II/No.14, 35, Type-G/No.57 & 93 in the Institute Campus at Dhanvanthri Nagar.

1. Name in BLOCK LETTERS :
2. Employee ID :
3. Designation :
4. Name of Father/Spouse (If spouse employed in JIPMER give full details) :
5. Service Status (Permanent/Temporary) :
6. Office Address viz Name of the Section or Department :
7. Whether he/she belongs to SC/ST :
8. Pay particulars (**Please attach proof as Apptt. order or promotion order and latest pay slip for verification**) :
  - (a) Level in the Pay Matrix :
  - (b) Previous Grade Pay (6<sup>th</sup> CPC), if known :
9. Date of joining in JIPMER :
10. Date of Birth :
11. Date of Superannuation :
12. Application made against which type of quarter and number :
13. Sex (Male/Female) :
14. Marital Status :
15. Are you/your spouse occupying accommodation allotted by/from any Departmental Pool/State Government Pool or the local administration? If yes, please give details. :

Cont..2..

16. Particulars of residential accommodation provided, if any, in the past (Quarter type and Number). :
17. Do you/your spouse/your dependent children own a house within the jurisdiction of Local Municipality or any adjoining municipality? :
18. Are you refused the allotment of JIPMER quarters earlier or debarred from allotment of Govt. residence? :
19. Permanent / Home Town address :
20. Contact Number of the Applicant :
21. Special Request if any :
22. If the applicant has a family, details of the members of family including self should be given as below :

S/No	Name	Age	Relationship	Whether entirely dependent on the applicant
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I agree to abide by the Allotment of Government Residences (JIPMER Quarters) Rules as amended from time to time or relevant allotment rules as per CGGPRA, 2017.

I am aware of the penalties, which can be imposed in the event of refusal of acceptance of allotment of accommodation of the entitled type under SR-317-B-10 or furnishing of false information, subletting/misuse of the premises under SR-317-B-21.

I certify that I have read the rules governing the allotment of quarters and declare that the particulars given by me above are correct and that the allotment to be made to me or already made shall be subject these rules and subsequent amendments, if any, thereto.

Dated : \_\_\_\_\_

**Signature of Applicant**

Signature of the forwarding Officer

**FOR OFFICE USE**

Certified that all the information mentioned in the application are verified from the records and found correct.

I/C Service Books