

भाकृअनुप-केन्द्रीय कटाई-उपरान्त अभियांत्रिकी एवं प्रोधोगिकी संस्थान  
डाक घर: पी.ए.यू., लुधियाना - 141004 (पंजाब)

मि.सं. 11(1)/2020-Cdn.

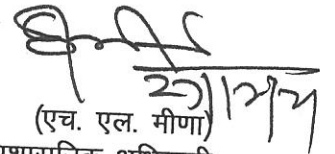
दिनांक: 27.12.2021

परिपत्र

संस्थान के समस्त अधिकारियों एवं कर्मचारियों को सूचित किया जाता है कि अगर वह इस परिसर में समस्त मौजूद आवासों (Type- I,II,III,IV & V) में पात्रता अनुसार योग्य श्रेणी का आवास आवंटित करवाना चाहते हैं अथवा किसी आवास से दूसरे आवास में बदलाव चाहते हैं तो अपना आवेदन संलग्न प्रारूप में भरकर दिनांक 05-01-2022 तक अधोहस्ताक्षरी को प्रस्तुत करें ताकि वर्ष 2022 (जनवरी-2022 से दिसम्बर-2022) के लिए प्राथमिकता सूची तैयार करके परिचालित की जा सके। यह भी लिखा जाता है कि दिनांक 05-01-2022 के उपरान्त प्राप्त आवेदन पर कोई विचार नहीं किया जायेगा।

आवास बदलाव के बारे में समस्त अधिकारियों एवं कर्मचारियों को सूचित किया जाता है कि नियमानुसार एक ही आवास श्रेणी में आवास बदलाव केवल एक बार ही मान्य है, अगर कोई अधिकारी एवं कर्मचारी एक ही श्रेणी में आवास बदलाव पहले ही ले चुके हैं तो उनका आवेदन अमान्य होगा।

यह निदेशक महोदय के अनुमोदन से प्रेषित किया जा रहा है।

  
(एच. एल. मीणा)

वरिष्ठ प्रशासनिक अधिकारी

वितरण : -

- 1 सभी परियोजना समन्वयक, कार्यकारी प्रभागाध्यक्ष एवं प्रभारी अनुभाग, भा.कृ.अनु.प-सीफेट, लुधियाना।
- 2 अध्यक्ष, आवास आवंटन समिति, भाकृअनुप-सीफेट, लुधियाना।
- 3 सूचना पट्ट।

**ICAR-CENTRAL INSTITUTE OF POST HARVEST ENGINEERING & TECHNOLOGY  
PAU CAMPUS, LUDHIANA-141 004 (Pb.)**

**APPLICATION FOR THE ALLOTMENT OF RESIDENCE QUARTER  
(To be filled by the applicant)**

1. Name in block letters : \_\_\_\_\_
2. Designation with grade : \_\_\_\_\_
3. Office of posting : \_\_\_\_\_
4. Date of birth : \_\_\_\_\_
5. (a) Date of appointment of ICAR service (including previous continued service in other departments, if any which should be specified with periods). In case of group D category staff the date of appointment to regular service is required. Contgt. service if any is not to be included. : \_\_\_\_\_  
: \_\_\_\_\_
- (b) Date of joining at CIPHET : \_\_\_\_\_
6. Pay as on : \_\_\_\_\_
7. Present Level in the pay matrix : \_\_\_\_\_
8. Pre-revised Grade Pay/Basic Pay : \_\_\_\_\_
9. Date of transferred Ludhiana : \_\_\_\_\_
10. Type of accommodation applied for : \_\_\_\_\_
11. Type of accommodation eligible for : \_\_\_\_\_
12. Whether applicant (or any of his family members) owns any house with in the local limits of Ludhiana municipality and adjoining village. If so, detailed reason (to be furnished separately) for allotment of Institute accommodation. : \_\_\_\_\_
13. Have you attached form 'C' duly completed? Application will not be considered, if this form is not attached. : \_\_\_\_\_
14. Indicate the date of receipt of emoluments (as defined in FR-45)\* When such emolument include any allowance other than basic pay the full detail thereof, should be furnished for allotment of residences. : \_\_\_\_\_

**Entitlement for types of accommodation as per 7<sup>th</sup> CPC**

For Type II residence : Level 2, 3, 4, 5  
For Type III residence : Level 6, 7, 8  
For Type IV residence : Level 9, 10, 11, 12  
For Type V-B (D-I) residence : Level 13, 13A

I declare that the information furnished by me is complete and true.

Date: Signature of Applicant : \_\_\_\_\_  
Name of Applicant : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Office : \_\_\_\_\_

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**FOR OFFICE USE**

All the particulars furnished by the applicant have been duly checked from official records and certified correct.

**Senior Administrative Officer**

## Form 'C'

### DECLARATION TO BE OBTAINED FROM THE OFFICERS/OFFICIALS NOT OWNING HOUSE AT THE PLACE OF THEIR POSTING

I, \_\_\_\_\_ designation \_\_\_\_\_  
Ministry/Department of \_\_\_\_\_ hereby declares that I or any member of  
my family do not own a house within the local limits of Ludhiana Municipality and adjoining  
villages\*.

I also do not have any Govt. accommodation already allotted to me/or the details of  
accommodation allotted to me already, are as under:

Quarter No. \_\_\_\_\_ Type \_\_\_\_\_

Date of Allotment \_\_\_\_\_

Signature

\_\_\_\_\_  
(Name of the Officer /Official)

\* The inapplicable clause should be scored.

**ICAR-CENTRAL INSTITUTE OF POST HARVEST ENGINEERING & TECHNOLOGY  
PAU CAMPUS, LUDHIANA-141 004 (Pb.)**

**PROFORMA FOR CHANGE IN THE QUARTER**

1. Name in block letters : \_\_\_\_\_
2. Designation : \_\_\_\_\_
3. Date of birth : \_\_\_\_\_
4. (a) Date of appointment of ICAR service : \_\_\_\_\_
- (b) Date of joining at CIPHET : \_\_\_\_\_
5. Pay as on : \_\_\_\_\_
6. Present Level in the pay matrix : \_\_\_\_\_
7. Pre-revised Grade Pay/Basic Pay : \_\_\_\_\_
8. Quarter No./Type already in possession : Qrt. No. \_\_\_\_\_ Type \_\_\_\_\_
9. Date from which in possession : \_\_\_\_\_
10. Choice for particular quarter/ quarters, if any: : \_\_\_\_\_
11. Reason for the change of quarter : \_\_\_\_\_

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I declare that the information furnished by me is complete and true.

Date: \_\_\_\_\_ Signature of Applicant : \_\_\_\_\_

Name of Applicant : \_\_\_\_\_

Designation : \_\_\_\_\_

Office : \_\_\_\_\_