



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



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ESTATE SECTION

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

Dated: **7 MAY 2024**

CIRCULAR

Sub: Willingness call for from eligible officials and newly joined Assistant Professors to allot Type-E and Type-IV(New) quarters - Reg.

It is hereby informed that, the Competent Authority has decided to allot type-E and Type-IV (N) quarters. In this connection willingness is called for from the eligible officials and newly joined Assistant Professors who are drawing pay level (Level-9 to 11) and (Level-12 to 14) under OTB (One Type Below). They may submit willingness in the prescribed format to the Estate Section, JIPMER on or before 13.05.2024. Late application will not be accepted at any circumstances.

The allotment of Type-E and Type-IV(N) quarters will be purely based on seniority of the willing staff.

This is issued with the approval of the Competent Authority.



(V. SIVABALAN)

ADMINISTRATIVE OFFICER

प्रशासनिक अधिकारी
Administrative Officer
जिपमेर / JIPMER
पुदुच्चेरी / Puducherry-6

Encl: Prescribed format

To

1. All Departments/Sections/Units/Chief Nursing Officer/
Nursing College - for circulation among the eligible Staff.

Copy to :

1. PS to the Director/MS/Dean/DDA
2. IT Wing – with request to upload the same in JIPMER website.



JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION
AND RESEARCH, PUDUCHERRY-6
(An Institute of National Importance under MH & FW, Govt. of India)



ESTATE SECTION

Form of willingness application to **Allotment of Type-E & IV (New) quarters** 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 (6th CPC), if known :
9. Date of joining in JIPMER :
10. Date of Birth :
11. Date of Superannuation :
12. Application made against which type of accommodation according to Grade pay/Level in the Pay Matrix :
13. For Faculty:
 - Date of drawing level - 12 and Pay :
 - Date of drawing level - 13 / 13A and Pay :
 - Date of drawing level - 14 and Pay :
14. Sex (Male/Female) :
15. Marital Status :
16. Are you/your spouse occupying accommodation allotted by/from any Departmental Pool/State Government Pool or the local administration? If yes, please give details. :

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

23. 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