

CENTRAL PULP & PAPER RESEARCH INSTITUTE

Himmat Nagar, Star Paper Mill Road Saharanpur, UP-247001

APPLICATION FOR THE ALLOTMENT OF RESIDENTIAL QUARTERS

Date of Receipt (To be filled by Estate Office) _____

Fresh Application

TO BE FILLED BY THE APPLICANT

Incomplete application will not be accepted/ processed.

Registration Number (To be filled up by the Applicant if already registered)		Group of Service			
		A	B	C	
1.	Full Name of Applicant	Shri/Smt./ Dr. / Er. / Km / Ms.			
2.	Designation				
3.	Department/ Organization				
4.	(a) Pay Band (Rs.)		(b) Present Basic Pay (Rs.)		
5.	(a) Date of Birth				
6.	(b) Date of Retirement on Superannuation				
7.	(a) Date from which continuously employed in CPPRI				
7.	Are you/your spouse occupying any government accommodation If yes, please give details :			Yes	No
	Allottee's Name				
	House Type	Locality	Sector	Block	House No.
8.	Please tick the details for the Type(s) of Quarters				
Type of House	Eligible Pay band		Please tick(✓)for the Type		
TYPE- (B)	Level-I to Level-V				
	Rs. 1800 to Rs.2800				
TYPE- (C)	Level-VI to Level-VIII				
	Rs. 4200 to Rs. 4800				
TYPE- (D)	Level-IX to Level-X				
	Rs. 5400 to Rs.6000				
TYPE- (E)	Level-XI to Level-XII				
	Rs. 6600 to Rs. 7600				
TYPE- (F)	Level-XI to Level XIV				
	Rs. 7600 to Rs. 10000				
Director Bungalow	Level XIV and above				
	Rs. 10000 and above				

09. Address of Place of Duty of the Applicant		10. Permanent/Home Town address (if any)	
Phone		Phone	
Mobile		E-mail	

Declaration by the Applicant:

- (a) I agree to occupy the quarter, allotted to me, within seven days of the issue of the allotment order by the Estate Office.
- (b) I also agree to abide with the House Allotment Regulations of the Institute as framed by it from time to time.
- (c) While vacating the Quarters, NO Dues clearance has to be taken from Estate Office. In case of any damage in property or in fixture of the Quarters, the same shall be recovered from the occupant.
- (d) I certify that all the information given above by me is true to the best of my knowledge

NOTE: I understand that if wrong information has been provided by me in the application form than my application will be cancelled and I| shall be debarred from applying to any other quarter for next one year.

Date:

(Signature of the Applicant)

Recommendation of the Head of the Department
Signature with seal