



EMPLOYEES' STATE INSURANCE HOSPITAL

Rohini, Sector-15, New Delhi – 110089

Website: www.esic.nic.in

(Phone: 27860004, Fax: 27553098)

F. No: DM(RH)D/11/20/2011-EC-CT / 3947

Dt.01.06.18

CIRCULAR

Sub. Allotment of type-IV quarters situated at ESI Residential colony, Rohini, Sec.15, Delhi.

Fresh application are invited from the officials/ officers of ESIC, who are interested and are eligible for te allotments of Type-IV staff quarters at ESI Hospital Residential colony, rohini, Delhi-85 in enclosed proforma duly verified by the DDA/AD(A)/HOD/IMO in-charge of the place of posting as may be applicable for drawing the second priority list (As first priority list has exhausted) for the year 2018 which shall remain effective up to 31.12.2018.

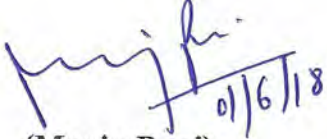
The entitlement of the type-IV staff quarter 7th pay commission is as under:-

Type-IV	Level-9 to Level-11 and above. (Pre revised Grade pay-5400 and above.
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Application in the prescribed proforma duly filled in shall be received in this office by 30/06/2018. Incomplete application will not be considered and will be liable for rejection. The staff on leave may please be informed at their residential address under registered post by the respective branch so that they may also be send their application latest by 30/06/2018, in case they are interested within the stipulated date.

The application received after 30/06/2018 will not entertained/considered and no correspondence whatsoever in this regard will be entertained.

Encl. (Application proforma)


(Manju Rani)
Asst. Director (Admn.)

Distribution: 1- ESIC Hqrs/D(M)D/RO Delhi/Div. Office Nand Nagri/ESI Hospital, Basaidarapur/Noida/Jhilmil/Okhla/NTA and all ESI Dispensary.
2- Internal: ESI Dental College/Estate/Medical/Cash/Accounts/DNS office/MRD/CSSD/Lab-Micro, Path Lab/X-ray/ECG/Laundry/Kitchen/Ortho. OPD/Gynae OPD/Eye OPD/ENT OPD/Ayurvedic OPD/Ward-I,II,III,IV,V,VI. Notice Board.

Application Form for the allotment of staff quarters at ESI Colony, Rohini, Sector-15, New Delhi-85

No.	Particulars (All are mandatory)				
1	Name of the applicant (in block letters)				
2	Date of birth of the applicant				
3	Date of Joining in the corporation				
4	Designation and Place of Posting				
5	Name of Drawing and Disbursing Officer				
6	Sex (Male/ Female)				
7	Marital Status (Married/ Unmarried)				
8	a. Present Basic Pay (as per 7 th CPC) b. Pay Level (as per 7 th CPC) c. Date of Increment				
9	Type of staff quarter applied for (separate application shall be given for separate category of staff quarter)				
10	Belong to SC/ST/PH/OBC Category etc				
11	Whether wife/husband of the applicant employed (if yes, give details)				
12	Whether presently allotted any staff quarter? If yes, details thereof. If surrendered the reasons thereof.				
13	Whether the applicant is having any property in his or his spouse at the time of application the details may be provided.				
14. Details of family members who will reside in the quarter when allotted and occupied.					
S.No.	Name of the Family Member	Sex	Date of Birth	Relationship	Emp. Status
15.					
16					

Place _____
Date _____

Signature of the applicant _____
Place of Posting _____

(FOR OFFICE USE)

Forwarded to the Asst. Director(Admn.)/ Estate Officer, ESI Hospital, Sector-15, Rohini, New Delhi for further necessary action. The matters regarding allotment of staff quarter like **date of appointment, Pay Level, Basic Pay, Family details** etc. have been verified from the service book record and are found correct.

Signature _____
Designation _____
Official Seal _____