

**Please Select: New Allotment / Change of Staff Quarter**

**Application for Issue of ESIC Residential Accommodation**

1	Name of the applicant (In Block Letter)		
2	Designation & Place of Posting		
3	Service Book No. & Employee I.D.		
4	Accounting Unit from where pay is drawn (DDO)		
5	Contact No.		
6	NIC Email Id		
7	New Allotment / Change of Staff Quarter		
	a) Present Basic Pay and Grade Pay (PRE-RIVEDED As per 7th CPC)		
	Pay level as per 7th CPC		
	Date of increment		
	b) Date of Birth		
	c) Date from which the applicant is in continuous employment in the E.S.I. Corporation and / or otherwise.		
	d) Date of appointment in another Dept. prior to joining ESIC, if any.		
	e) Date of joining current station (Mumbai MMR)		
8	Whether appointment is regular or temporary, from which date		
9	Location and type of staff quarter applied for ( Separate application shall be given for separate category of staff quarters)		
	a) Eligible Type		
	b) Lower to Eligible Type, if interested		
10	Category (S.C./S.T./Ex- servicemen/Handicap)		
11	Particulars of the family members who will reside in the quarter when allotted and occupied		
Sl. No.	Name of the family member(s)	Age	Relationship with employee If employed indicate the name of the office (Govt./PSU/Bank etc.)
1			
2			
3			
4			
5			
12	Whether wife / husband of the applicant employed with ESIC ( if yes, give details)		
13	Whether owning a house at the place of posting in his name or in the name of any family member ( in Mumbai MMR region) ( if yes, give details)		
14	Whether residing in staff quarter at present, if so, furnish the location & type of quarter and probable date of surrender of quarter		
15	Present residential address		
16	In case of change of staff quarters , please specify the reason for change		

Place:

Date:

Signature of the Applicant

**Annexure- B**

**DECLARATION**

Certified that the particulars given in the application are correct to the best of my knowledge. I have gone through the Rules and other terms and conditions of allotment of ESIC residences and I promise to abide by them. Further, I will not sub-let the residence allotted to me or any portion thereof with or without receiving payment in contravention to these rules and utilize the undertake to seek permission from the Estate Officer, well in advance, for the overstay of casual visitor in the Premises.

Signature of Applicant

Place

Date:

**(For Office Use)**

**CERTIFICATE**

(To be given by the Head of the Office/Branch)

Certified that the particulars furnished by the applicant in Column No. 2 to 15 have been verified from the relevant service records in service book and found to be correct.

Signature of the Head of the Office / Admin Branch

Date

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