



अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), गुवाहाटी
All India Institute of Medical Sciences, Guwahati
(A statutory body under the aegis of Ministry of Health and Family Welfare, GoI)
Changsari, Kamrup, Assam - 781101

Form of Application for allotment of residence at AIIMS, Guwahati Residential Campus

Sl. No.	Particulars	
1	Name in Block Letters	
2	Designation	
3	Gender	
4	Date of Birth	
5	Marital Status	
6	Contact Number/E-mail ID of the Applicant	
7	Permanent/ Home Town Address	
8	Name of Father	
9	Name of Spouse	
10	Whether Spouse employed in AIIMS, Guwahati	
11	Service Status (Permanent/Temporary/On deputation)	
12	Office Address viz Name of Section and Department	
13	Whether belongs to SC/ST	
14	Whether Person with Physical Disability	
15	Date of Retirement on Superannuation	
16	Pay Particulars (Please attach proof as Appointment Order or Promotion Order and Pay Slip for verification): - a) Pay Band/ Pay Scale (Rs.) b) Present Pay 7 th CPC (Rs.) c) Level as per Pay Matrix. d) Date of Promotion and its Grade Pay	
17	Previous Pay Level continuously drawing from	
18	Date of joining at AIIMS, Guwahati	

19	Application made against which type of accommodation according to Pay Level	
20	Are you/your Spouse occupying accommodation allotted by/from any Departmental Pool/State Government Pool or the Local Administration? If yes, please give details.	
21	Particulars of residential accommodation provided, if any, in the past.	
22	Do you/your Spouse/your dependent Children own a house within the jurisdiction of Local Municipality or any adjoining municipality?	
23	Have you refused the AIIMS, Guwahati Quarters earlier or debarred from allotment of Govt. residence?	
24	Special Request, if any	
25	Please provide the details of your family members including yourself who will reside with you in the following table: -	

Sl. No.	Name	Age	Relationship	Whether entirely Dependent on the applicant

I agree to abide by the AIIMS Guwahati Residential Accommodation Rules 2022 & amendment from time to time or relevant allotment rules as applicable.

I am aware of the penalties, which can be imposed in the event of refusal of acceptance of allotment of accommodation as per Rule 8 of Part-II or furnishing of false information, subletting/misuse of the premises as per Rule 2 of Part-VIII.

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 to these rules and subsequent amendments, if any, thereto.

Dated:

Signature of the Applicant