



### Allottee Details

Employee Code (To be filled by the Applicant)	Allottee Account Number (To be filled up if allotted)	Date of Cancellation

12. Name of Allottee ..... 13.  
 Designation.....  
 14. Department/ Office.....

15. Accommodation Allotted by the Directorate of Estates.

Type	Locality	Set No.

### DECLARATION BY THE APPLICANT

1. I declare that no other family member of the deceased /retired officer,who is allottee of the present Govt. accommodation ,has applied or will apply for out-of-turn allotment of accommodation on this ground.
2. I also declare that I, my wife, children or any person dependent on me, do not own house or a plot of land /member of housing society at or near the place of posting. An affidavit on non-judicial stamp paper of Rs.3/- made to me before a Magistrate/ Oath Commissioner /Notary Public in the prescribed proforma is enclosed .
3. I shall keep the family of deceased/retired Officer in the accommodation to be allotted to me on out-of-turn basis.
4. I undertake to clear all the rental arrears and other due from the deceased /retired officer, in respect of the accommodation allotted to him/her,till complete vacant possession of the said house is handed over to the PWD authority.
5. No objection certificate for out-of-turn allotment of General Pool accommodation to me from my father/mother/wife or husband ,as the case may be, is enclosed.
6. I hereby declare that the information given above is true and I have not concealed anything in this respect.

Dated :

Signature of the Applicant

### TO BE FILLED IN BY THE HEAD OF OFFICE OF THE APPLICANT.

Deptt.Code		Endorsement No.		Date	
Office Name					

Forwarded to the Directorate of Estates, H.P. Press Block,H.P.Sectt,Shimla-2. The facts stated by the applicant are correct. This is also certified as shown in the office record that

- 1.(i)Sh/Smt/Km.....  
 has neither been drawing House Rent Allowance, during the last three years preceding his/her father/mother/husband/ wife's death /retirement/transfer and he has living with him /her since.....
- (ii) In case of an officer appointed within a period of three years preceding the date of death/retirement or transferred to the place of posting of the deceased /retired Govt. servant within the preceding three years, the date of appointment or the date of transfer will be applicable for the purpose. It may, therefore, be certified that he/she has been residing with deceased /retired Govt. servant prior to his/her transfer to the place of posting of deceased /retired Govt. servant and that he/she has not been drawing House Rent Allowance since the date of transfer.
2. In all such cases, if any refund of House Rent Allowance has been allowed, the same may be specifically mentioned, as those who having drawn House Rent Allowance, but refunded subsequently, are not entitled to this concession.
4. All details of the application form have been verified.

Signature with date and  
 Office seal.  
 Phone .

**TO BE FILLED IN BY THE OFFICE OF THE DECEASED/RETIRED/  
 TRANSFERRED OFFICER**

Deptt.Code		Endorsement No.		Date	
Office Name					
16. Name of deceased/retiree/ transferred Govt. servant.					
17. Designation					
18. Date of Death/ retirement/transfer					

19.	Whether the deceased /retired /transferred Govt. servant owning a house at the place of posting in his name or in the name of any member of his family as per Service Records.	Yes	No
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Signature with date and  
 Office seal.  
 Phone .

**DECLARATION (To be given every year in January)**

I, \_\_\_\_\_ an allottee of  
Set No. \_\_\_\_\_ is posted as  
\_\_\_\_\_ in the office of the \_\_\_\_\_  
\_\_\_\_\_ hereby declare as under :-

1. That I do not own house/flat built up by any society/Housing Board/SDA etc in my name or in the name of any member of my family at or near the place of posting.
2. That I own a house at or near the place of posting in my name/spouse or my dependent children .The detail thereof are as under :
  - Name of Owner :
  - Address/Location of House :
  - Monthly Rental Income :
  - Date of Rented out of house :
  - Name of tenant/Agency/Office etc. :
4. That I shall notify the fact of owning house/change of rental income of owned house every year in the month of January.

Dated :

Signature of an allottee.

TO BE FILLED IN BY THE HEAD OF OFFICE

Deptt.Code		Endorsement No.		Date	
Office Name					

Forwarded to the Directorate of Estates, H.P. Press Block,H.P.Sectt,Shimla-2. The facts stated by the applicant are correct.

Signature with date and  
Office seal.  
Phone .