

DE-III FORM

GOVERNMENT OF HIMACHAL PRADESH
DIRECTORATE OF ESTATES
SHIMLA

Application for change of Govt. Residential accommodation under Rule-13 of H.P. Allotment of Govt. Residences(General Pool)Rules,1994.

Employee Code <i>(to be filled by the applicant, if already given by his office)</i>				Allottee Account Number <i>(to be filled by the applicant if allotted)</i>									
Grounds for Change				Date of Receipt <i>(to be filled by the Directorate of Estates)</i>									
Regular	Unsafe	Medical	Others			--			--				

TO BE FILLED BY THE APPLICANT

INSTRUCTIONS

- * Please fill up the form in BLOCK LETTERS only.
- * Fill dates as day (01-31),month (01-12) & year (2010) in the format DD-MM-YYYY.
- * Change may be given in the same type of house in which allottee is residing.
- * In case the applicant made fresh application for change his previous application shall be treated as cancelled and his seniority will be determined on the basis of fresh application.
- * In case the house is likely to fall vacant due to retirement /transfer of the concerned allottee,his detail be given.
- * Incomplete application will not be accepted.
- * In case the accommodation is not fit for habitation, the report of the PWD may be attached along with the application.
- * In case the case is required on medical grounds of self/ dependent, the medical certificate may be attached along with the application.

1. Full name of applicant (In block letter)

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2. Designation

3. Department/Office address

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4. Date of retirement on superannuation.

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5.	Accommodation currently occupied			
	Type	Locality	Set No.	Date of occupation

6. Whether you have been allotted accommodation on Out-Of-Turn Basis ? Yes /No.
(a) if yes, detail of grounds be given.

7. Whether you have earlier been allowed change ? Yes/ No

(a) if yes, please give details.

8. Choices for change of accommodation.

Set No. & Type of house	Locality	By whom the house is to be vacated

(a) Please give detail, why the house is to be vacated by the present allottee

9. Grounds for change of accommodation

DECLARATION OF APPLICANT

- (a) That the particulars given above are correct and nothing relevant has been concealed.
- (b) I have not availed change of resident earlier in the type of accommodation presently occupied by me.
- (c) This is the first application for such a change.

Date :

Signature of the applicant.....

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 above are correct.

Signature with date and
Office seal.
Phone .

