	Shri Lal Bahadur Shastri Nati (Central Univers	onal Sanskrit University
	Application for Allotment of S	Staff Quarters
1.	(To be filled up by the a	pplicant)
1.	Name (In block letters)	
2.	Date of Birth	
3.	Designation	
4.	Date of appointment in the University	
5.	Whether Permanent/Temporary	
6.	Basic Pay &	
	D. J. With on o	
7.	Pay Level (7 th CPC) Date of Superannuation	
	Date of Superatification	
8.	Type of Staff Quarter applied	
9.	Category under which you apply:	
	(i) General (ii) SC/ST/PH	
	(iii) Women employee	
	(iv) Essential category (v) Others (please specify)	
	(v) Others (please specify) (vi)	
10.	Marital Status	Married/Unmarried
11.	Have you ever been debarred from consideration	
	of allotment of staff quarters? If yes, mention the	
10	date of such debarment	
12.	Whether you have refused the offer of allotment within the last two years. If yes, give the date of	
	the allotment	
13.	Whether you/your spouse or dependent children,	
5,	owns any house in Delhi? If yes, please give	
1.4	details Any other information, if any	
14.	Any other information, it any	

DECLARATION BY THE APPLICANT

I have read the terms and conditions of the "Rules relating to Allotment of Residential Accommodations to University Employees-2021" and I hereby undertake that I shall abide by these Rules as may be amended from time to time in case a residential accommodation is allotted to me. In case of violation of any provision of these rules, I shall be liable for disciplinary action for the same.

	For office use only	
Registration Number	Date of Receipt of application	Remarks

Shri Lal Bahadur Shastri National Sanskrit University (Central University)									
Application for Allotment of Change of Staff Quarters									
(To be filled up by the applicant)									
1.	Name (In block letters)		and the same and t						
2.	Date of Birth								
3.	Designation								
4.	Date of appointment								
	Date of superannuation								
5.	Basic Pay &								
	Pay Level (7 th CPC)								
6.	Presently allotted Staff Q	uarter No.& its Type							
	Date of its occupation								
7.	Type of Staff Quarter app	olied for the change							
8.	Reason for change								
	(Please attach proof, if ar		-						
9.	Any other information, if	any							
	<u>]</u>	DECLARATION BY T	HE APPLICA	ANT					
Ace the allo dise	ave read the terms and commodations to University se Rules as may be amend the to me. In case of viciplinary action for the same	y Employees-2021"and I ded from time to time ir olation of any provision	hereby under n case a resid n of these rul	take that I sh ential accom	all abide by modation is				
For office use only									
Re	gistration Number	Date of Receipt of application		Remarks					
Dealing Assistant Section Officer / Assistant Registrar (Admn.)									