



भारत सरकार / GOVERNMENT OF INDIA  
डॉ राम मनोहर लोहिया अस्पताल एवं  
अटल बिहारी वाजपेयी आयुर्विज्ञान संस्थान, नई दिल्ली  
DR. RAM MANOHAR LOHIA HOSPITAL,  
ATAL BIHARI VAJPAYEE INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110001



E - 7429

Dated: 09/01/2024

No: Esta-11/14/2022-Estate Section-Dr. RMLH / 143

**(ESTATE SECTION)**

**CIRCULAR**

**Sub: Inviting applications for allotment of Type -3 and Type -4 Nursing Pool Residential Accommodations, N.R. Complex, Srinivaspuri, New Delhi.**

It has been decided to invite applications from the eligible nursing personnel of this Hospital for finalizing the date of priority and the waiting list for the allotment of Type-III & IV Nursing Pool Government accommodations at N.R. Complex, Srinivaspuri, New Delhi. The application will remain valid for one (01) year w.e.f. 01.04.2024. There will be no provision to apply for any change of accommodation after the allotment, except on medical or health ground.

2. Interested and eligible nursing personnel of this hospital are advised to collect the application form from the Estate Section of this Hospital. The form will be available from 10.01.2024 to 31.03.2024 on any working day and the last date of submission of the application form is 31.03.2024. The application form, filled properly, is to be deposited to the Estate Section of this Hospital latest by 31.03.2024 for the preparation of the date of priority and the waiting list. All the columns of the application form are to be filled out properly. Incomplete application form will not be considered and will be rejected summarily. Application, if any, prior to issuance of this circular shall not be considered, and the employee has to apply afresh against this circular.

**(Vijay Prakash Nodiya)**  
**Dy. Director (Admn)**

To

1. Nursing Superintendent, to bring it to the notice of all the nursing staff of this Hospital and also to paste on the notice board.
2. Chairman, e-governance with the request to upload the circular on the Hospital website.
3. PS to Medical Superintendent (for information)
4. PS to Addl. Medical Superintendent (KB) [for information].



**GOVERNMENT OF INDIA**  
**DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI**

**APPLICATION FOR ALLOTMENT OF SRINIVASPURI RESIDENTIAL ACCOMODATION FOR NURSES**  
**(TO BE FILLED BY THE APPLICANT)**

1. Name (in Block Letters) :
2. Designation :
3. Department :
4. Pay Band/Pay Matrix Level :
5. Basic pay (as on 1<sup>st</sup> January of the current year) :
6. Date of Birth (DD-MM-YY) :
7. Date since which continuously employed (Date of joining)(DD-MM-YY) :
8. Date of Retirement (DD-MM-YY) :
9. Service status: Temporary/Permanent
10. State below the type(s) of quarter for which you are applying:-  
(1) Type- IV Type- III
11. Are you spouse occupying accommodation allotted by Dt. Of Estates or Hospital pool. If yes, give details:  
Pool Allottee's name Locality Sector Block Qtr. No.
12. Present Address with Telephone/Mobile No. :
13. Attached Latest salary slip and Office ID card copy :
14. Form Verified by Nursing Section :

**(Declaration by the Applicant)**

1. I agree abide by the allotment of Government Residences Rules, 1963 as amerces from time to time relevant allotment rules applicable.
2. I am aware of penalties which can be imposed in the event of refusal of acceptance of allotment of accommodation the entitled the under SR 317-B-10 or furnishing raise information or subletting/misuse of the remises under SR-317-B-21.

Date:

Signature of Applicant

**TO BE FILLED BY THE FORWARDING OFFICE**

Certified that the information furnished by the applicant from Column 1 to 12 above are correct.

Date:

Office Supdt/Admn. Officer

(Note: There is no provision to change the allotted quarter to anyone except on medical ground of the Allottee.)