

F.NO. 1-28/Allot/Type-I/EC/2019-20/678

भारत सरकार  
स्वास्थ्य सेवा एवं परिवार कल्याण मंत्रालय  
लेडी हार्डिंग मेडिकल कॉलेज एवं श्रीमती सुचेता कृपलानी अस्पताल  
नई दिल्ली  
(सम्पदा कक्षा)

शहीद भगत सिंह मार्ग  
नई दिल्ली-110001  
दिनांक: 03/01/2023

CIRCULAR

Applications are invited for allotment of Type – I, LHMC Pool accommodation to the eligible applicants.

The criteria of the eligibility of the staff having Grade Pay of Rs.1800, 1900, 2000, 2400, 2800 may apply in a prescribed Performa available in the Estate Cell and enclosed also.

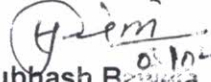
The staff members of LHMC & Associated hospital who are willing to apply for these hospital Pool accommodations are requested to submit their application form after duly verified by the concerned dealing assistant and forwarded by the section/department/unit heads within 10 days from the date of issue of this circular. Application received before issuance of this circular and after 10 days from the date of issue of this circular cannot be considered.

The application forms may be obtained from Estate Cell on all working days. The heads of the department/sections/units are requested to kindly bring the contents of this circular to the notice of staff working under their kind control.

Encl: - Form

Copy To:-

1. All HoD's LHMC & KSCH.
2. All Addls, M.S./LHMC & KSCH.
3. Admn. Officer, LHMC & KSCH.
4. ALL Section/Dept./Units. LHMC & KSCH.
5. P.S. to Director.
6. ALL Notice Boards, LHMC.
7. Web site committee to upload on web site.

  
Subhash Bawa  
In-Charge (Estate Cell)

प्रभारी / Incharge EC  
लेडी हार्डिंग मेडिकल कॉलेज एवं श्रीमती सु.क. अस्पताल  
Lady Hardinge Medical College & Smt. S.K. Hospital  
नई दिल्ली-110001 / New Delhi-110001

Application for allotment of LHMC & Associated Hospital Pool Accommodation **(FORM MUST BE FILLED IN BLOCK LETTERS)**

Type of Qtr.	Eligible Grade Pay	Level in the Pay Matrix
Type-I	1800, 1900, 2000, 2400, 2800	1, 2, 3, 4, 5

- Name \_\_\_\_\_
- Father's/Husband's Name \_\_\_\_\_
- Designation \_\_\_\_\_
- Date of Birth \_\_\_\_\_
- Date of initial regular appointment \_\_\_\_\_  
(Date of entry in service in KSCH/LHMC Hospital)
- Date of retirement \_\_\_\_\_
- Pay Level \_\_\_\_\_
- Basic Pay \_\_\_\_\_
- Are you/your spouse occupying  
Accommodation allotted by  
Dte. Of Estate/Department Pool, if Yes, please provide details: - \_\_\_\_\_
- Are you debarred for allotment of  
Accommodation in KSCH/LHMC/Dte of Estates. \_\_\_\_\_
- Do you /your spouse/dependent  
Children own a house in Delhi. \_\_\_\_\_
- Please select preference/preferences for allotment in the current cycle :-

Floor	Ground	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Preference				

- Already in occupation of staff qtrs.
 

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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- \*If opted preference is not available don't consider me for allotment.
 

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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- I have never opted for change in the applied category.
 

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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- Please attached a copy of the following:-

(a) OFFICE ID CARD NO. : \_\_\_\_\_ (b) AADHAR CARD NO. : \_\_\_\_\_

- I declare that the information given above is correct and this is my first request for change of accommodation in case any information found incorrect at any stage I shall be liable for action under CCS/GPRA Rules for suppression on the Material information.

Signature of applicant:- \_\_\_\_\_

Date: - \_\_\_\_\_

Place of duty:- \_\_\_\_\_

Mob: - \_\_\_\_\_

Forwarded by HOD/Section In-charge.