

Please Select: New Allotment / Change of Staff Quarter

Application for Issue of ESIC Residential Accommodation

1	Name of the applicant (In Block Letter)			
2	Designation & Place of Posting			
3	Service Book No. & Employee I.D.			
4	Drawing and Disbursing Officer (Accounting Unit)			
5	Contact No.			
6	NIC Email Id			
7	New Allotment / Change of Staff Quarter			
	a)	Present Basic Pay and Grade Pay (PRE-RIVESED As per 7th CPC) Pay level as per 7th CPC Date of increment		
	b)	Date of Birth		
	c)	Date from which the applicant is in continuous employment in the E.S.I. Corporation and / or otherwise.		
	d)	Date of appointment in other Dept. prior to joining ESIC, if any.		
8	Whether appointment is regular or temporary, from which date			
9	Location and type of staff quarter applied for (Separate application shall be given for separate category of staff quarters)			
	a)	Eligible Type		
	b)	Lower to Eligible Type, if interested		
10	Category (S.C./S.T./Ex- servicemen/Handicap)			
11	Particulars of the family members who will reside in the quarter when allotted and occupied			
Sl. No.	Name of the family member(s)		Age	Relationship with employee
				If employed indicate the name of the office (Govt./PSU/Bank etc.)
1				
2				
3				
4				
5				

12	Whether wife / husband of the applicant employed with ESIC (if yes, give details)			
13	Whether owning a house at the place of posting in his name or in the name of any family member (in Mumbai MMR region) (if yes, give details)			
14	Whether residing in staff quarter at present, if so, furnish the location & type of quarter and probable date of surrender of quarter			
15	Present residential address			
16	In case of change, please specify the reason for change			

Place:

Date:

Signature of the Applicant

DECLARATION

Certified that the particulars given in the application are correct to the best of my knowledge.

I have gone through the Rules and other terms and conditions of allotment of ESIC residences and I promise to abide by them. Further, I will not sub-let the residence allotted to me or any portion thereof with or without receiving payment in contravention to these rules and undertake to seek permission from the Estate Officer, well in advance, for the overstay of casual visitor in the Premises.

Signature of Applicant

Place :

Date:

(For Office Use)

CERTIFICATE

(To be given by the Head of the Office/Branch)

Certified that the particulars furnished by the applicant in Column No. 2 to 15 have been verified from the relevant service records in service book and found to be correct.

Date:

Signature of the Head of the Office / Admn Branch

Forwarded to the Estate Officer, ESI Corporation, Regional Office Mumbai
for further action.

Date:

Signature of the Head of the Office / Branch