File No.4(8)/2022/UnifiedWaitingList-Qrts./Estate







भाकृअनुप-केन्द्रीय रोपण फसल अनुसंधान संस्थान कासरगोड़ - 671124, केरल, भारत



ICAR-Central Plantation Crops Research Institute

Kasaragod - 671124, Kerala, India

(An ISO 9001:2015 Certified Institution)



F.No. 4(8)/2022/Unified Waiting List-Qrts./Estate

Date 26.06.2023

CIRCULAR

Due to the vacant quarters available in Type I, Type II and Type III, the Competent Authority of this Institute has pleased to invite applications from the eligible applicants for allotment/Change of quarters for Type I, II & III quarters.

Applications in the prescribed proforma (given overleaf) may be submitted to the Estate Section of the Institute on or before 04.07.2023.

The details of quarters entitlement are indicated below:

| SI No. | Entitled type | Level in the pay matrix |
|--------|---------------|-------------------------|
| 1 | Type I | 1 |
| 2 | Type II | 2,3,4,5 |
| 3 | Type III | 6, 7, 8 |

The official joining the Institute on first appointment or transfer during 2023 may submit their applications (in the proforma) **within one month** of joining duty. Applications thus received on or before 20th of the month shall be considered for allotment in the succeeding month along with the enlisted applicants.

This is issued with the approval of the Competent Authority.

Asst. Administrative Officer (Estate)

Distribution to:

- 1. Institute web site
- 2. Admin E-office

File No.4(8)/2022/UnifiedWaitingList-Qrts./Estate

PROFORMA

Application for allotment of Residential Quarter in response to the circular F.No.4(8)/2022/Unified Waiting List-Qrts./Estate Date 26.06.2023

| 1) | Name and designation | : | | | | |
|---|---|---|---------------------|--|--|--|
| 2) | 2) Level in the pay matrix as on 01.01.2023 : | | | | | |
| 3) | 3) Entitled type of quarters : | | | | | |
| 4) Date of entry in ICAR/ Central or State/ University service: | | | | | | |
| 5) | 5) Type of quarters applied for : | | | | | |
| 6) | Whether SC / ST : | | | | | |
| 7) In case of change of quarters, please mention | | | | | | |
| - | the following: | | | | | |
| | Presently occupied | : | | | | |
| | Applied for | : | | | | |
| | | | | | | |
| | Date: Place: | | Signature: Name: | | | |