## ALL INDIA INSTITUTE OF MEDICAL SCIENCES PHULWARISHARIF PATNA-801402 HOSTEL SECTION

DATE:			

## **APPLICATION FOR MARRIED ACCOMMODATION**

1.	Name of Applicant (in block letters)	:
2.	Designation & Deptt.	:
3.	Date of Joining	:
4.	Date of Completion	:
5.	Room if already allotted	:
	Hostel No.	
	Room No.	
6.	Gender	:
7.	Date of Marriage	:
8.	Permanent Address	:
9.	Whether in adhoc or Regular basis	:
10.	Telephone No.	:
11.	E-mail	:
12.	Detail of Spouse	:
	Name	:
	Designation	:
	Office Address	:
	Room if allotted	:
	Room No.	:
13.	Hostel Security of Rs.	:
14	Receint No	Dated

I declare that the above particulars are correct to the best of my knowledge and belief. I will use that accommodation only myself & family. My wife/Husband has does not have any hostel accommodation. Please attach two photographs, EHS Card Copy or Marriage Certificate/Card duty recommended by the Head of the Department & Faculty member. If you

are applying as a fresh candidate please attach your joining report, appointment latter & current extension letter.

In case the above particulars are incorrect, I understand that I shall forfeit my accommodation and will be liable for action according to the rules of the hostel/institution.

						Signatu	re of the	applicant		
Name										
(Signa	ture of spouse)									
1.	Forwarded & recommended by the Prof. & Head of the Deptt. (With seal)									
2.	Signature Faculty Mem	nber (With s	eal)							
I wish to certify that my spouse is not drawing House Rent Allowance (HRA) from source. I also undertake that shall inform the Hostel Authorities immedi whenever my spouse begins to draw House Rent Allowance in case he/she is drawing the HRA at this time								mediately		
	I also accommodation	•	that	my	spouse	has	the does not	following have any		
	accommodation.							nave any		
	(SIGNATURE OF THE AI	PPLICANT)								