

DEEN DAYAL UPADHAYAY HOSPITAL

HARI NAGAR NEW DELHI

APPLICATION FOR H. R .A

1. Name of the applicant _____
2. Designation _____
3. Pay _____
4. Full residential _____
5. Monthly rent _____
6. Whether husband is a Govt.Servant/ occupation employee in Employed in Govt undertaking _____
7. If no, his (office address)
 - a) Designation _____
 - b) Pay _____
 - c) House Rent Allowance _____
8. Whether any Govt. Accommodation has been allotted to your husband by the Govt. corporation/Govt. Undertaking
9. Whether you have applied for the Govt. Accommodation, if so ,what is the result.
10. Whether any Govt. Accommodation offered in you have over been Rejected by you.
11. Actual date of occupation of take accommodation outside the nurse's hostel.

Show outstay permission no.

Undertaking

I hereby undertaking that the above information furnished by me is true & correct to the location knowledge belief.

Signature of official

Clearance from the Home Sister.

CERTIFICATE TO BE ALL CENTRAL GOVT. SERVANTS

1. I certify that I have applied for the Govt. Accommodation in according with the prescribed procedure but I have not been provided with Govt. Accommodation/I have refuse the allotment of Govt. Accommodation during the period in amount of which the allowance in claimed.
2. I certify that I am deciding in a house hired/owned by me /my wife/husband/ son/daughter/father/mother and hindu undivided in which I am a co-partner.
3. I certify that I am incurring some expenditure on rent contributing towards rent

or

I certify that the rent value of the house claimed by me including undivided family in which I am co-partner in which I am residing ascertainable in the manner specified in Para 7 of O.NO.F2 (37) E-II (B)/64 dated 27.11.65. I certify that I am paying/ contributing towards house or property tax.

4. I certify that I am not sharing accommodation allotted to my parents/ Child by the state/central Govt. Public Autonomous public undertaking or semi-Govt.Organisation such as municipality port trust etc. Allotted rent fee to another govt. servant.
5. I certify that my husband/wife/parent/children to who is/are sharing accommodation with me allotted other employee of the central/state govt.Autonomous public undertaking or semi Govt. Organisation like municipality, port trust etc is/are not in receipt of house rent allowance from the state/central govt Autonomous public undertaking or semi government. Organization like municipality, port trust etc.
6. I also certify that my wife/husband has not been allotted accommodation at the same station by the central/state Govt. /Autonomous public undertaking or semi Govt. organization like municipality port trust etc.

Address.....

Name :-

Designation

Department.....

Employee ID.....

I Mrs./Miss Staff nurse hereby undertake/ declare that the information furnished by me. In the annexure II along with my application dated for grant aerial of house rent allowances is true/correct of the best of my knowledge and if this information furnished by me is found to me incorrect/ false at any stage ,I shall return the entire amount of H.R.A. paid to me on provisional basis and will face the disciplinary action if needed.

Name :.....

Designation:.....

Address during the period w.e.f.

.....to.....

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