

Bhagat Phool Singh Mahila Vishwavidyalaya

Khanpur Kalan (Sonipat), Haryana-131305

Office No. 01263-282338, www.bpswomenuniversity.ac.in

BPSMV/Gen/23/ 115

Dated: 12/01/2023

To

All the Head of Department(s)/Chairpersons/Principal(s)/Branch Officers,
BPSMV, Khanpur Kalan,
Sonipat.

**Sub:- Invitation of application(s) for House Allotment for the regular employee of
BPSMV, Khanpur Kalan .**

Sir/Madam,

The applications for allotment of house (Fresh or Shifting) in the University Campus are invited for vacant Lecturer's flat (15), Reader's flat (01), Professor's flat (01), and old Houses (0), form the eligible applicant as per BPSMV norms with the following instructions:

1. That all the applicants should apply Form-A for Fresh allotment of Staff Quarters or Form-B for Shifting of Staff Quarters in the same category. The applications will not be considered without this prescribed format.
2. For Lecturer's Flats- Non Teaching Staff with GP4200 & above are also entitled as per resolution No. 08 of 72th meeting of E.C. held on 07/10/2022.
3. The application(s) form (completed in all respects) should reach in the General Branch by 27.01.2023 upto 5:00 P.M.

Kindly inform the same to your subordinate regular staff accordingly.

Yours Sincerely,


Assistant Registrar (Gen.)
BPSMV, Khanpur Kalan.

Endst No.BPSMV/Gen/23/

Dated.....

A copy of the above is forwarded to the following for information and necessary action, please.

1. PS to Vice-Chancellor (for kind information of the Vice-Chancellor) BPMSV Khanpur Kalan.
2. PA to Registrar (for kind information of the Registrar) BPMSV Khanpur Kalan.
3. In-charge, IT Cell with a request to upload the complete application form on the University Website(s), accordingly.


Assistant Registrar (Gen.)
BPSMV, Khanpur Kalan.



Bhagat Phool Singh Mahila Vishwavidyalaya

Khanpur Kalan, (Sonipat) Haryana

Application for Fresh Allotment of Staff Quarters

(To be filled up by the applicant)

1.	Name (In block letters)	
2.	Designation & Department	
3.	Date of appointment in Vishwavidyalaya	
4.	Date of confirmation in the Vishwavidyalaya.	
5.	Whether you have allotted previously & vacant, If yes please mention the date of allotment & date of vacation the house.	Date of allotment: Date of Vacation:
6.	Date of Superannuation	
7.	Date of Birth	
8.	Basic Pay as on the date of issue of notification for allotment	In 6 th Pay with G.P. In 7 th Pay with Level
9.	Type of Staff Quarters for which applying as per entitlement.	
10.	(i) Essential Category under which you apply (circular vide BPSMV/Gen./21/671 to 675 dated 22.06.2021: (Annexure-1) (ii) General Pool (iii) Allotment to the spouse, son, daughter-in-law, un-married daughters of the retiring employee, give details (iv) Others (please specify)	
11.	Marital Status	Married/Unmarried
12.	Present Address	
13.	Permanent Address	
14.	Have you ever been debarred from consideration of allotment of staff quarters? If yes, mention the date of such debarment	Yes/No
15.	Whether you have refused/ surrendered/ not avail the offer of allotment within the last two years. If yes, give the date	
16.	Whether you or your spouse are under occupation of any accommodation allotted by the Vishwavidyalaya or any other organization under the Government/ Semi Government /Autonomous Body/ Public Undertaking or Non-Government/ Private Sector, If yes, please give details	
17.	Whether you/your spouse or dependant children, owns any house in the National Capital of Delhi? If yes, please give details	
18.	Any other information, if any	

Note:- All the columns are mandatory to fill & duly forwarded by the concerned Head. In-complete/false information given in the form may liable to be rejected and disciplinary action may also be taken by the University authority as per rules.

DECLARATION BY THE APPLICANT

- i. I have read the terms and conditions of the "Rules Governing the Allotment of Residential Accommodations",2012 of the Vishwavidyalaya and I hereby undertake that I shall abide by these rules as may be amended from time to time in case a residential accommodation is allotted to me.
- ii. I hereby declare that I or my spouse or dependant children have/have not owned any house or allotted any accommodation in the village Khanpur Kalan or Town Gohana. I shall inform the Vishwavidyalaya as and when I or my spouse or dependant children become(s) the owner of any house subsequently within one month from the date of acquiring such ownership and the residential accommodations allotted by the Vishwavidyalaya shall be vacated as per clause-15-iii of these rules.
- iii. I hereby declare that no criminal case is/ has been pending in any court in the country or I have not been convicted in a criminal case by any court.
- iv. The information as declared by the undersigned is true to the best of my knowledge and belief. I also declare that no part of it is false and no material information has been concealed/ suppressed. Further, I am aware of the fact that if my declaration as given above is found to be incorrect in any manner, my allotment is liable to be cancelled and disciplinary proceedings shall be initiated against me.

Dated.....

Signature of applicant

Name:.....

Designation.....

List of Enclosures:

For office use only:-

Form must be forwarded by concerned HOD/ IN-CHARGE/ HEAD		
	Name: Designation:	
Date:-	Signature with Office Seal	

Registration Number	Date of Receipt of application	Remarks
Dealing Clerk/Assistant	Superintendent	Assistant Registrar



Bhagat Phool Singh Mahila Vishwavidyalaya
Khanpur Kalan, (Sonipat) Haryana

Application for Shifting of Staff Quarters in same category

(To be filled up by the applicant)

1.	Name (In block letters)	
2.	Designation & Department	
3.	Date of appointment in Vishwavidyalaya	
4.	Date of Superannuation	
5.	Date of Birth	
6.	Basic Pay as on the date of issue of notification for accommodation	In 6 th Pay with G.P.
		In 7 th Pay with Level
7.	Name of the Section/Department	
8.	Type of Staff Quarters occupied	
9.	Date of occupation	
10.	Pool under which the applicant was allotted accommodation.	
11.	Choice for change of quarter	
12.	Reasons for change	
13.	In case, change is requested on Medical Ground, please give details with documentary proof/certificate issued by the CMO.	
14.	Any other Information, if any.	
15.	Are you availed shifting choice previously, if Yes, Please mention the details.	

Note:- All the columns are mandatory to fill & duly forwarded by the concerned Head. In-complete/false information given in the form may liable to be rejected and disciplinary action may also be taken by the University authority as per rules.

DECLARATION BY THE APPLICANT

- i. I have read the terms and conditions of the "Rules Governing the Allotment of Residential Accommodations", 2012 of the Vishwavidyalaya and I hereby undertake that I shall abide by these rules as may be amended from time to time incase a residential accommodation is allotted to me.
- ii. I shall inform the Vishwavidyalaya as and when I or my spouse or dependant children become(s) the owner of the house subsequently within one month from the date of acquiring such ownership and the residential accommodations allotted by the Vishwavidyalaya shall be vacated as per clause-15-(iii) of these rules.
- iii. I shall inform the Vishwavidyalaya as and when my spouse is allotted any quarters by the organization wherever he/she works.
- iv. I hereby declare that I have neither changed any quarters of my grade in the past nor any change was offered tme.
- v. I further declare that I have not made any application for change nor refused any change of accommodation in the past.
- vi. The information as declared by the undersigned is true to the best of my knowledge and belief. I also declare that no part of it is false and no material information has been concealed/ suppressed. Further, I am aware of the fact that if my declaration as given above is found to be incorrect in any manner, my allotment is liable to be cancelled and disciplinary proceedings shall be initiated against me.

Dated.....

Signature of applicant

Name:.....

Designation.....

List of Enclosures:

For office use only:-

Form must be forwarded by concerned HOD/ IN-CHARGE/ HEAD		
Date:-	Name: Designation:	Signature with Office Seal

Registration Number	Date of Receipt of application	Remarks
Dealing Clerk/Assistant	Superintendent	Assistant Registrar

