



भाकृअनुप - राष्ट्रीय पशुरोग जानपदिक एवं सूचना विज्ञान संस्थान
ICAR-National Institute of Veterinary Epidemiology and Disease Informatics
रामगोंडनहल्ली, येलाहंका, बैंगलुरू - 560119

Ramagondanahalli, Post Box No. 6450, Yelahanka, Bengaluru-560 119

भारत
ICAR

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F. No. 2-194/ESTT/NIVEDI/14-15 (e 149963)/1732

Dated: 28th January, 2025

CIRCULAR

One Type-III Residential Quarters No.3 (1st Floor) at ICAR-NIVEDI, Ramagondanahalli, Yelahanka, Bengaluru is lying vacant. The above Residential Quarters will be allotted amongst the eligible employees of this Institute. Those who are interested to apply for the Residential Quarters may submit their application in the prescribed format to the undersigned on or before **04.02.2025**. Incomplete application/applications received after the due date, shall not be entertained.

Eligibility Criteria.

Type III, Quarters No.3 (First Floor)	Level in the 7 th CPC pay matrix Level 6,7, 8 (Grade pay Rs.4200/- to Rs.4800/-)
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[Signature]
28-1-25

I/c Head of Administration

Copy to:

1. All the Employees of ICAR-NIVEDI, Bengaluru
2. Officer In-Charge, Computer with request to upload in the Institute website
3. Officer In-Charge, Estate, ICAR-NIVEDI, Bengaluru
4. Notice Board

ICAR- National Institute of Veterinary Epidemiology And Disease Informatics (NIVEDI), Ramagondahanalli, Yelahanka Bengaluru-560119

Application form for Allotment/Renewal/Change of Government Accommodation

Sl No.	Particulars	Details of Employee
1	Name of the Applicant	
2	Post Held	
3	Office	
4	Basic Pay a) Grade pay	
5	Date of Commencement of Continuous Service a) Total Length of Service b) Date of Posting at the Station	
6	Type of Quarters a) Entitled -Type - b) Desired-Type-	
7	If already occupying quarters, Mention type and number of quarter Type- No-	
8	Reason for out of turn/ adhoc allotment	
9	Whether Married. If so, Whether husband/Wife has been allotted quarters	
10	Whether you have an own house at the station. If so, furnish particulars	

Declaration

I, _____ hereby agree to abide by the rules of allotment and conditions for the use of the accommodation allotted to me.

Station

Date

Signature of the Applicant.

Certified that the entries against column 1 to 5 and 7 to 8 have been verified and found to be correct.

Signature of the Pay Disbursing Officer

Recommendation of the Head of the Office.