

**CENTRAL INSTITUTE OF FRESHWATER AQUACULTURE
(I.C.A.R.)
P.O. - Kausalyaganga, Via - Bhubaneswar - 751002**

**APPLICATION FORM FOR ALLOTMENT OF RESIDENCE IN THE
CIFA RESIDENTIAL CAMPUS IN TERMS OF THE CIFA
(ALLOTMENT OF RESIDENCE) RULES, 1991.**

1. Name of the Applicant :
(in Block Letters)
2. Designation :
3. Last pay Drawn :
(Basic pay and Stagnation
Increment, if any)
4. Date of Appointment in ICAR :
(In case, service in other
department (s) has been counted
and recorded by the Institute
the same need also invariable
be indicated)
5. Whether belongs to SC/ST/PH :
(Who has been declared as
such by the competent
Authority)
6. (a) Type Eligible for :
(b) Type Applied for :
7. Whether willing to accept : Yes / No
to one type lower quarter
8. Preference, if any, viz for
particular number, floor,
block etc., should invariable
by indicated, otherwise, it shall
be deemed that there is no
specific preference.

I do hereby undertake to state that I have read and understood the provisions of the CIFA (Allotment of Residence) Rules, 1991 and that if allotted a quarter with reference to this application, I shall be bound by the provisions thereof.

Date :

Signature

(Name in Block Letters)

Remarks of the Forwarding Officer ;

Date :

Signature

(Name in Block Letters)