

Appendix-I
(See sub rule (i) of Rule 3)
APPLICATION FOR THE ALLOTMENT OF STAFF QUARTERS IN KANNUR
UNIVERSITY

1. Name of employee :
2. Date of birth :
3. Date of entry in Kannur University Service
4. Date of entry in Service :
(Date of entry in Calicut University in r/o
employees who entered Kannur University
on option)
5. Whether belongs to Schedules Caste or
Scheduled Tribe :
6. Office of Department in which employed :
7. Pay and scale of pay :
8. Designation :
9. Permanent or Acting :
10. Years of service to retire with date of
retirement on superannuation :
11. Permanent Home address (with village,
Taluk and District) :
12. Whether married :
13. Whether wife/husband is employed and if
so particulars regarding name, designation,
place of employment, pay and scale of pay :
14. Whether the applicant owns a house or other
residential buildings within their headquarters
cities or Town within a radius of 20 kms from :

their offices either in their own names or in the names of his/her husband/wives or in the name of their unmarried sons or daughters whether inherited or purchased or obtained otherwise including that under any hire purchase scheme

15. Intended to live with family or alone :
16. Living alone or with family at present :
17. Priority for allotment of quarters, if any :
18. Whether the applicant is wife of Jawan serving in Border area or who was killed in action or reported missing :
19. Whether the applicant is physically handicapped :
20. Whether the applicant is a person who entered into Inter caste marriage :
21. Whether the applicant is an ex-service man/N.G.O. :

Place: _____ Signature of applicant
Date: _____

Declaration

I declare that the statements made above are true. I agree to abide by the rules and conditions for the occupation of the quarters now in force and also such terms and conditions and rules which the Government may prescribe from time to time in that regard.

Place: _____ Signature of the Applicant
Date : _____ Name:
Designation:
Office/Branch

Signature:
(Countersigning officer)
Name:
Designation:
Office/Branch:

For use in the Office of the Registrar

Received on.....
Registered as No.....for quarters no.....Priority verified and
entered in Register (item no.....folio.....
Section Assistant
Section Officer
Date of issue of allotment order :
Date of cancellation of registration: