FCRM 'B' ****

	APPLICATION FORM FOR THE CLANGE OF OR. IN SAME	E TYPE
1.	NAME IN BLOCK LETTERS :	0.000
2.	DESIGNATION : -A/C No	
.,	3.3. NO.	
3.	Whether Ty./Opt./Permanent:	
4.	Office Address:	
5.	Date of Priority (i.e. Date of Apptt. in DAD/Central Govt)	
5.	Date of Superannuation :	
7.	Detail of Qrs allotted since arrival at Chand a) House No. 1 ii)	111)
	b) Type i ii)	
	d) No.8date of Allotment letters:	111)
8.	Type of change required a) Floor	b)
9.	(a) Is it your first application for change of quarter in this category?	
	(b) If no give nmuber of changes you have already availed :	
10.	Have you ever refused to accept any quarter . offerred to you ?	
	b) Have you ever been debarred from change of qr. in same type ? If so give the number & respect:	
11.	Reason for asking for change of qr	

....Contd--P..2...

DECLARATION :

I certify that the particulars given above by me are true and correct to the best of my knowledge and belief and nothing has been concealed there from.

SIGNATURE OF APPLICANT Dated:

COUNTERS IGNED,

SR.ACCOUNTS OFFICES (AN)

NOTE

Each and every column must be filled in the application and in case the particulars given by applicant are found incorrect at any stage he will be liable to disciplinary action besides the cancellation of quarter in his occupation.

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