

New User Registration Form

Full Name :

Designation :

Date of Birth (dd/mm/yyyy) :

Date of Joining (dd/mm/yyyy) :

Date of Retirement (dd/mm/yyyy) :

Mobile No :

Email ID :

PAN NO. :

Application Form

e- Quarters System
General Administration Pool Quarters
Government of Odisha

PERSONAL DETAILS

1. Name of Applicant :
2. Name of the Father / Spouse :
3. Permanent Address :

Attested
passport size
photograph

4. UID Number :
5. GPF :
6. Office Name :
7. Department :

8. Whether Gazetted :
9. Gender :

Yes / No

Male / Female

10. Marital Status :

(Married/ Unmarried / Divorce
/ Separated / Widowed /Any other)

11. Social Group :

(General /SC/ST/OBC/Minority)

12. HRMS Code :

13. DDO :

PAY DETAILS

14. Pay Band :

15. Present Grade Pay :

16. Date from which continuously
Drawing Present Grade Pay :

(dd/mm/yyyy)

17. Present Basic Pay :

SERVICE DETAILS

18. Group of Service : A / B / C / D
19. Service Status : Temporary/Permanent/ Contractual
20. Belongs to : State Government

DEBAMENT DETAILS

21. Are you Debarred from allotment of Government residence : Yes/No

DETAILS OF HOUSE ALLOTTED FROM GA POOL QUARTERS

22. Whether any GA Pool Quarters allotted in favor of You : Yes / No
23 Whether any GA Pool Quarters allotted in favor of Your spouse: Yes / No

DETAILS OF OWN HOUSE

24. Whether Applicant his / her spouse has own any house in the
Municipal Area where the Quarter is applied for : Yes / No

DECLARATION BY THE APPLICANT

- I agree to abide by the rules relating to allotment of G.A. pool quarters, under the provisions of Odisha Special Accommodation Rules, 1959 and the relevant circulars issued from time to time.
- The facts given in the circular are true to the best of my knowledge and belief.
- In the event of furnishing any incorrect information, I am liable for penal actions as per law.

Place : **Signature of the applicant**
Date : Mobile No :

CERTIFICATE OF THE HEAD OF THE OFFICE :

Certified that Shri/Smt._____ is a regular employee of this office. Information furnished by him/her in the application for G.A. pool quarters have been verified with reference to the records available in the office and found correct. His/Her case is recommended.

Signature (with seal) of Head of the Office

ENCLOSURES :

- 1.
- 2.
- 3.
- 4.
- 5.