

For Office Use Only	
Application NoDate	
APPLICATION FOR ALLOTMENT OF RESIDENCE OF HOUSE IN	CATEGORY
Allotment: - New OR Change of House If cha	
1. Name: 2. BPS or equiv	alent:
3. Designation: 4. Department:	
5. Marital Status: 6. No of Dependent/Childre	n:
7. Domicile:	A STATE
9. Ph.No.:10. Mob:	E N P
11. Date of Birth: 12.Age:	
13. Status: Regular/Contract/Tenure Track/ Deputation:	•
14. Do you or your spouse have any house within Bahawalpur City	<b>,</b>
15. Do you or your spouse have availed house purchase/repair	loan from I.U.B or any other
Institute. If Yes give details;	
16. Date of 1st appointment in IUB:	
	For office use only Weight Marks
17. Date of Appointment in current Scale	
18. Length of Service in Current Seale	
19. Date of Appointment in immediate lower Scale	
20. Length of Service in immediate lower Seale	
21. Date of Appointment in next lower Scale	
22. Date of Appointment in next lower Scale	
23. Date of Appointment in next lower Scale	
24. Date of Appointment in next lower Scale	
= Date of appointment in next lower beater	
	Total
25. Period of Deputation (if any) from	to
26. Period of without pay leave (if any) from	to
Certificate:-a) I solemnly declares that I will abide by the rules are	nd regulation of the university
housing allotment policy.	
b) Declare all the information furnished by me is correct to the be	est of my leasured and a
belief. If at any time, any above given information found incorrect	t my allotment may canceled
immediately, and I may be asked to vacate the house.	
	Signature of applicant
Recommended by	
Head of Deptt.	
(Name)	

EC&SM

Received by \_\_

Date\_