

MAHANAGAR TELEPHONE NIGAM LIMITED
APPLICATION FORM FOR HOUSE ALLOTMENT
(PRESCRIBED UNDER RULES FOR ALLOTMENT OF MTNL RESIDENCES)

ANNEXURE-II

1. Name _____ Father _____
2. Staff NO _____ Employee No. _____
3. Designation _____ 3(a) Grade(E/NE) _____
4. Division/Present office address (with pin code) _____
5. Department (unit to which attached) _____
6. Phone No Office _____ Residence _____ Mobile _____
7. Category _____ GENERAL _____ SC _____ ST _____ PH* _____
8. Date of Birth _____
9. (a) Date of (Regular) Appointment in Deptt. _____
(b) Date of Joining MTNL _____
10. Date of Entitlement (i.e. date of drawing pay scale in existing grade)
11. Basic Pay Rs _____ BP Type: IDA _____ CDA _____
(in case of CDA pay scale, corresponding IDA pay scale may also be given)
12. (a) Locality Preference (1) _____ (2) _____ (3) _____
(b) Floor preference _____
13. Whether sanctioned HBA _____ YES/NO
I Address of the house being acquired by utilising HBA _____
II Expected date of possession of completion of construction _____
14. Present residential address _____
15. Whether interested for one step higher _____ YES/NO
16. Whether one step lower acceptable _____ YES/NO
(in case of Type-V & above)

I have read and understood rules for allotment of MTNL residence and agree to abide by the same as amended from time to time.

(Signature of Applicant)

Date:

(Signature of controlling officer)

Facts given above of Sh _____ Staff no _____ Have been verified and found correct based on records of personal deptt/from the service book.

Date _____

(Signature of Concerned Officer
Of personnel department/ accounts
Officer(P&A)

Applicants if the employee his/her dependent residing with him/her is physically handicapped (Medical certificate from CMO to be attached)

ACKNOWLEDGEMENT

Received an application for allotment of MTNL residence from Shri/Smt _____ staff No _____ Working as _____ in _____ department of MTNL _____ on _____ His/her request has been registered vide registration no _____ Allottee is requested to quote his registration No _____ in full correspondence regarding allotment.

Note:- Incomplete Application form shall be rejected without intimation.

Date _____

(Signature of concerned officer)

ENTITLEMENT TABLE

Type of qtr.	Designation	Grade
VII	CGM/PGM & Above	E9+
VI	Addl. GM, GM & above	E8, E9 & above
V	DGM & above	E6 & E7
IV	SDE & Equivalent cadre and above	E3-E5
III	PRO/LO/JTO/AM/Executive and Equivalent cadre and above	NE-12- E1 & E2
II	Non executives of different cadres	NE-5-NE-II
I	Non executives of different cadres	NE-1-NE-4