

Application for the Allotment of Residences in the University

Under Government College University, Faisalabad House Allotment Rules, 2021

w.r.t. Circular No. GCUF/Reg/Estt/22/_____ dated _____

Category: (Tick desired)	<input type="checkbox"/> Category-A	<input type="checkbox"/> Category-B	<input type="checkbox"/> Category-C	<input type="checkbox"/> Category-D	<input type="checkbox"/> Category-E
Entitlement	BPS-21 Teaching	BPS-20/above Teaching	BPS-18/19 teaching & BPS-17, 18 & 19 non-teaching	BPS-17 & 18 teaching & BPS-16, 17, & 18 non-teaching	BPS-01 to 15 non-teaching

Name: _____ Designation: _____

BPS/TTS: _____ Department / Office: _____ CNIC No.: _____

Date of Joining (Current Post): _____ Date of Birth: _____

Previous History (Provide the detail of regular or TTS Service only):

Sr.#.	Post with BPS	Date of Joining

Marital Status: Unmarried Married

If Married: Spouse's Name: _____ Spouse's CNIC No.: _____

Spouse's Designation (in case of University Employee): _____

Permanent Address: _____

Present Address: _____

Already a holder of University Residence? No Yes (Residence No.: _____)

Any Other Request: _____

Affidavit

I Solemnly declared that I, my Spouse (as mentioned above), or my children do not own a House in Faisalabad City (as defined by the District Government of Faisalabad). I shall be responsible for all such consequences, in case of false statement. I will also submit this affidavit on stamp paper of Rs. 100/-, in case of my allotment.

(Signature of the Applicant with date)

Recommended By:

I hereby recommend the application of Mr./ Ms. / Dr. _____ for further processing, as admissible under the rules.

(Sign & Stamp of HoD)

(Sign & Stamp of Dean / Incharge Officer)

For Office Use:

Detail of EOL / Leave without pay & allowances (alongwith reason):

Period of EOL / Leave without Pay	Reason
_____ (_____ days)	_____
_____ (_____ days)	_____
_____ (_____ days)	_____
_____ (_____ days)	_____

(Signature of the Official concerned)

Recommendations of the House Allotment Committee

The House Allotment Committee-____ recommends Mr. / Ms. / Dr. _____
for allotment of Residence No. _____.

Other Remarks: (if any): _____

Signatures of the Members:

Documents to be attached:

Please attached the attested copies of the following documents:

1. CNICs of the applicant employee and his / her Spouse;
2. Offer Letter / Appointment Order and Joining Report of first appointment in this University.