



राष्ट्रीय प्रौद्योगिकी संस्थान श्रीनगर
NATIONAL INSTITUTE OF TECHNOLOGY SRINAGAR
(An autonomous Institute of National Importance under the aegis of Ministry of HRD, Govt. of India)
हजरतबल, श्रीनगर जम्मू कश्मीर, 190006, भारत
Hazratbal, Srinagar Jammu and Kashmir, 190006, INDIA
PLANNING AND DEVELOPMENT WING

No: NIT/P&D/E/23/90
Date: 24-04-2023

NOTICE

Date: 24-04-2023

It is notified for the information of all concerned that applications are invited from desiring eligible faculty members and officers of the institute for allotment of P, A, L & D type residential quarters (upon availability) inside the institute campus. The residents who have not completed 02 years of locking period in the present quarter are not eligible for the same type of quarter. The applications, in the prescribed format, enclosed herewith, must be routed through respective Deans/ Heads of the Departments/ Heads of the Centres, and should reach the office of the undersigned by or before 04-05-2023 up-to 4.00 pm. Applications already submitted to this office may be treated as cancelled.

Issued in compliance with the instructions of Chairman House Allotment Committee.


24/4/23
Estates Officer

Copy to:

- 1) Dean P&D for information.
- 2) All Deans/ HODs/HOSs/ HOCs for circulation among staff.
- 3) Chairman CSC, for n/a with regard to dissemination on Institute Website.
- 4) All members of the HAC, for information.
- 5) P.A to Director, NIT Srinagar, for information of the Director.
- 6) P.S to Registrar, NIT Srinagar, for information of the Registrar.
- 7) Office records.



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APPLICATION FOR QUARTER ALLOTMENT
(TO BE FORWARDED THROUGH PROPER CHANNEL)

- 1) Name of the Applicant _____
- 2) Department/Centre _____
- 3) Designation & AGP/Level in Pay Matrix _____
- 4) Date of Joining _____
- 5) Date of Birth _____
- 6) Present Quarter, if any _____
- 7) Contact No. _____
- 8) Preference for accommodation (P-Type, A-Type, L- Type, D Type)
 - a. First Preference _____
 - b. Second Preference _____
 - c. Third Preference _____
 - d. Forth Preference _____

Certified that the information provided in this application is correct, accurate and complete to the best of my knowledge.

APPLICANT

FORWARDING AUTHORITY