

Last date for submission: **23/06/2017**

**INTIMATION OF DISCREPANCIES IN THE INFORMATION SUBMITTED FOR
ALLOTMENT OF DEPARTMENTAL ACCOMMODATION FOR THE
ALLOTMENT YEAR 2017-2018**

1.	UNIT	C.C. NO.	Previous C.C. No. (if any)	Employee No.

2. Name : _____
 3. Designation : _____ 4. Division: _____

5. Please fill up **ONLY** those columns in the following table where any discrepancy exists. Please put (--) in other columns.

Sl. No.	Nature of Discrepancies	Data to be corrected as under
01.	Gender and Marital Status	
02.	Date of Birth	
03.	Date of Joining Training School/Training (if any)	
04.	Date of Joining DAE	
05.	Level as on 01.04.2017	
06.	Pay in the Level as on 01.04.2017	₹
07.	Name is to be included for CHANGE in same category list. Please tick mark <input checked="" type="checkbox"/> (If not included in the priority list for change)	Yes / No

6. **PLEASE READ CAREFULLY THE GUIDELINES GIVEN OVER-LEAF BEFORE FILLING THE DATA TABLE**

		D	D	M	M	Y	Y	Y	Y
08.	Date of promotion to the post with Level 9, Level 10								
09.	Date of promotion to the post with Level 11								
10.	Date of promotion to the post with Level 12								
11.	Date of promotion to the post with Level 13								
12.	Date of promotion to the post with Level 13-A								
13.	Date of promotion to the post with Level 14								
14.	Date of promotion to the post with Level 15								
15.	Date of promotion to the post with Level 16								
16.	Date of promotion to the post with Level 17								
17.	Date of promotion to the post with Level 18								
18.	Preferred Locality (only one)								
19.	Any other Corrections required. Please specify.								

I certify that the information furnished above are correct and I am aware that action as deemed fit will be taken in the event of any information found incorrect.

Date: _____ Contact no.: _____ Signature of Applicant: _____

E-mail ID: _____

P.T.O.

(To be completed by the Applicant's Administrative Authority)

The facts stated above have been verified from service records and found correct.

Date:

Signature:

Name:

Designation:

- Note:** 1) Discrepancies NOT certified by the concerned Administration will NOT be considered.
2) Provisional pay is NOT to be certified, unless pay fixation order is issued.

GUIDELINES FOR FILLING IN THE DISCREPANCY TABLE

- 1) If your name is not existing at all, in any category list, in that case, please fill a fresh "**Form A**" for 2017-18 along with particulars and submit duly certified by the Administrative Authority.
- 2) If your name is not existing in some Category/Categories list (s), in that case, please fill up "Date of promotion to the post with the requisite Level", for that category as given below :

The criteria for eligibility is reproduced below for your ready reference

(*) Date of Promotion to the post with the Level as below :	
<u>Type</u>	<u>Level</u>
D-PAY	Level 9, 10
D-SPL	Level 11
E	Level 12,
	Level 13,
	Level 13-A
EI	Level 14
	Level 15 [Index nos. 1 to 4 in the level]
EII	Level 15 [Index nos. 5 to 8 in the level]
	Level 16
EIII	Level 17
	Level 18
I-A Transit (TrA) For SA/B	Date of Appointment / Promotion as SA/B.