

LIEN HOLDER FORM

1. Name of the Officer : _____
2. Designation : _____
3. Particulars of the Government accommodation occupied :
Type _____ Sector _____ Block _____ Qr. No. _____
(Incase of Hostel accommodation, mention DS/SK/SS)

Locality Name : _____

Priority Date : _____ Retirement Date: _____
(Date of Joining Government Service)

Date of completion of deputation/tenure : _____
(Applicable to those IAS officers who are on deputation to Government of India)

Occupation Date: _____ Allotment Type: _____
(Change/Fresh Allotment)
4. Pool : _____
(General Pool : GP, Scheduled Caste : SC, Scheduled Tribe : ST, Ladies Married : LM,
Ladies Single : LS, Tenure Pool : TP, Other Pools : OP (to be specified).
5. Having own House (in name of self or family) : _____

If yes, give own house address : _____

Signature of applicant

Name : _____

Office Address : _____

Certified that above particular furnished by the applicant have been verified from records and found correct. It is also certified that the applicant is employed in an eligible office located in Eligible zone.

Name/Signatures of forwarding Officer

Designation:

Department/Office: