

GL BAJAJ GROUP OF INSTITUTIONS

MATHURA (UTTAR PRADESH)

REQUEST FOR ALLOTMENT OF FACULTY RESIDENCE

Name :			Deptt.:			
Address :	ess: (a) Present			(a) Permanent		
Pin						
Name of Spouse:			_ Date of Marri	age:	Age:	yea
Occupation of Spous	e:	if the spo	ouse is employe		(As on a loyment:	
	Sr. No.	Name of dep	pendent(s)	Age (Years)	Relationship	
Other dependents,	1					
who will reside	2					
with you	3					
	5					
Time duration by wh	ich you int	end to bring your	family after allo	otment:	days	
		D	ECLARATIO	N		
to be false, the all be taken by the in a. I am applying f regulations of the	lotment of nstitute. For accome allotment	f accommodation modation mainly	will stand cance for my spouse within the frame	elled apart from e and children work as formed	edge. If any of the all any disciplinary actions. I shall abide by the latest time to the ce in future.	on that mig
(Signature of the Applicant)					(Date of Ap	plication)
1. Marriage Certificat		ng documents to assport /Voter Id			ation Form irth Certificate for ch	nildren
			o be filled in b			