

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
HOSTEL SECTION**

**F.No. 14-66A/2011/Hostel**

**Date: 25.05.2011**

**CIRCULAR**

**Subject: Allotment of Hostel accommodation to Nurses in the New Nurses Hostel, Masjid Moth.**

It has been decided by the competent authority that applications may be invited from the female Nurses of the Institute for allotment of Hostel accommodation in New Nurses Hostel, Masjid Moth. The interested Nurses are required to fill up the application form ( which is available on AIIMS website i.e [www.aiims.ac.in](http://www.aiims.ac.in) or [www.aiims.edu](http://www.aiims.edu) under the head " Hostel Section ") and submit the same through proper channel duly verified/forwarded by their respective Establishment Sections where their service record are maintained. Both married and unmarried Nurses can apply, however, keeping the spouse and children in the Hostel is not allowed.

**The duly filled in application should reach the Hostel Section by 15.06.2011.**



**(RAVI CHAUHAN)**

**Administrative Officer (Hostels)**

- Distribution:**
1. Medical Superintendent/Chief of the Centres
  2. Hostel Superintendent
  3. Chief Nursing Officer
  4. All Notice Boards at each Centre
  5. Computer Facility - with request that the Circular and application format may be uploaded on the Institute website.

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES**  
**Ansari Nagar, New Delhi-110029**  
**HOSTEL SECTION**

No. F. .... /2011/Hostel

Dated .....

To,

The Superintendent of Hostels  
A.I.I.M.S., New Delhi-110029

**AFFIX TWO PHOTOS HERE**

**SUB: APPLICATION FOR ALLOTMENT OF HOSTEL ACCOMMODATION**

Sir

I am working as a Sister Gr.II/Sister Gr.I/ANS/DNS/NS in the Department of ..... it is requested that I may be allotted hostel accommodation in the New Nurses Hostel, Masjid Moth, A.I.I.M.S. My brief particulars are as below:-

1. Name (in BLOCK letters) .....
2. Designation .....
3. Date of Joining .....
4. Date of Retirement .....
5. Father's / Husband's Name .....
6. Permanent Home Address & Tel. No. ....  
.....  
.....
7. Local Guardian's Name & Address in Delhi/ New Delhi & Tel. No. ....  
.....  
.....
8. Whether married or unmarried .....

Contd...2/-...

-: 2 :-

9. Name of the spouse and his occupation, (In case of employment under Government/ autonomous organization/ PSU, details may be provided).

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10. Hostel Security of Rupees .....

11. Receipt No. ....Dated.....

#### DECLARATION

I agree to abide by the hostel rules and regulations, in force, regarding the allotment of Hostel Accommodation and the use of hostel rooms. I, further state that I will abide by all such orders as may be issued from time to time by the Superintendent of Hostels and on his behalf by an appropriate authority.

Yours faithfully

(.....)

.....

This application should be forwarded by the Head of the Department/ Chief Nursing Officer.

Signature & Stamp Head of the Department/ Chief Nursing Officer

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Verification by Establishment Section concerned.

The particulars furnished by Ms./Mrs. .... in this application form have been duly verified from her service records.

Signature of Sr. A.O./A.O./A.A.O.

