भाकृअनुप–राष्ट्रीय पशु पोषण एवं शरीर क्रिया विज्ञान संस्थान

आडुगोडि, बेंगलूर – 560 030

ICAR - National Institute of Animal Nutrition and Physiology

Adugodi, Bangalore - 560 030

Phone:(O) +91-80-25711304, 25711164 Fax: +91-80-25711420 Website: www.nianp.res.in

NIANP

ISO 9001-2008 Certified

❖ Sardar Patel Outstanding ICAR Institution Award 2012 ❖

F. No. NIANP/16-14(1)/CDN/Q.Allot/2013-14/453   Dated: 12-02-2016

TG

CIRCULAR

Applications are invited from the officers and staff members of this Institute for the preparation of Seniority list for the allotment/change of residential quarters during the year 2016. Applications in the prescribed Proforma (given overleaf) may be submitted to the Co-ordination Section of the Institute on or before 29-02-2016.

The details of quarters entitlement are indicated below:

Sl. No.	Entitled type	Grade pay (Rs.)
01	Type I	1300/-,1400,1600/- & 1800/-
02	Type II	1900/-,2000/-,2400/- & 2800/-
03	Type III	4200/-, 4600/- & 4800/-
04	Type IV	5400/- to 6600/-
05	Type V	7600/-, 8700/- & 8900/-

The official joining the Institute on first appointment or on transfer during 2016 may submit their applications (in the proforma) within one month of joining duty. Applications thus received on or before 20th of the month shall be considered for allotment in the succeeding month along with the enlisted applicants as on 01-01-2016.

Senior Administrative Officer

Copy to:
1. The all head of Divisions/Sections, in-charges NIANP, Bangalore.
2. AF&AO; AAO; I/c Maintenance; I/c Estate.
3. PS for kind information of Director.
4. Notice Board.
5. I/c ARIS Cell, for uploading in website.

PROFORMA

Application for allotment of Residential quarters in response to the Circular No. NIANP/16-14(1)/CDN/Q.Allot/2013-14 dated: 09-02-2016

01	Name and designation	
02	Type of quarters for which eligible	
03	Grade pay as on 01.01.2016	
04	Date of entry in ICAR service	
05	Whether SC/ST	
06	Quarters presently occupied (in case of request for change)	
07	Quarters for which applied (in case of request for change)	

Place: Signature:

Date: Name: