



# ICAR - CENTRAL INSTITUTE OF FISHERIES EDUCATION

(Deemed University)

Panch Marg, Off Yari Road, Versova,  
Andheri (West), Mumbai-400061

Tel. No. 022-26361446/7/8, Website : <https://www.cife.edu.in>



F. No. 23(1)/2026/Estt./

Dated 5<sup>th</sup> January 2025

## CIRCULAR

Applications are invited in the prescribed format attached to prepare a Seniority list for the Type I, II, IV & V Quarters at CIFE, Old & New Campus, Bandra and Haji Ali for the Calendar Year 2026, from eligible Staff/ Officials as per the eligibility conditions given below:

| Sr. No. | Type & Quarter No. | Eligibility Grade Pay/ Level |                      |
|---------|--------------------|------------------------------|----------------------|
| 1.      | Type V             | Rs.7600 & Above              | Level – 12,13,13A,14 |
| 2.      | Type IV            | Rs.5400 - 6600               | Level – 9,10,11      |
| 3.      | Type II            | Rs.1900 – 2800               | Level – 2,3,4,5      |
| 4.      | Type I             | Rs.1800                      | Level - 1            |

The allotment shall, however, be made on the basis of service/ seniority in the list to be drawn up for the Calendar Year 2026, as and when the Quarters are vacant.

Application Proforma duly filled in may be submitted within 15 days of the issue of this Circular i.e. 19<sup>th</sup> January 2026 only through email id [quarterallotment@cife.edu.in](mailto:quarterallotment@cife.edu.in) with signature and date of the concerned.

This issues with the approval of the Director.

  
(Navin Kumar)  
Sr. Administrative Officer

### Distribution:

1. Director & Joint Director Cell, CIFE, Mumbai.
2. Joint Director (Admn)/Comptroller/SAO/SF&AO/ AO/All AAOs/ AF&AO, CIFE, Mumbai
3. All HODs/ Incharge/ Section/ Units/ Cell, CIFE, Mumbai.
4. The Estate Officer, CIFE, Mumbai.
5. Secretary, IJSC, CIFE, Mumbai.
6. [staff.hq@cife.edu.in](mailto:staff.hq@cife.edu.in)
7. [webmaster@cife.edu.in](mailto:webmaster@cife.edu.in)
8. Guard file



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**Allotment Year: 2026**

## APPLICATION FOR ALLOTMENT OF STAFF QUARTER

|     |                                                                                                                                                                                    |  |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1.  | Name of the Official                                                                                                                                                               |  |
| 2.  | Designation                                                                                                                                                                        |  |
| 3.  | Department / Office where currently working                                                                                                                                        |  |
| 4.  | Permanent/ Temporary                                                                                                                                                               |  |
| 5.  | Date of retirement on superannuation                                                                                                                                               |  |
| 6.  | Whether the officer belongs to SC/ ST                                                                                                                                              |  |
| 7.  | Date of Birth                                                                                                                                                                      |  |
| 8.  | Date of joining in the ICAR Services                                                                                                                                               |  |
| 9.  | Date of joining / continuous working in the CIFE Mumbai                                                                                                                            |  |
| 10. | Details, if any period spent on deputation or training and foreign service appointment                                                                                             |  |
| 11. | Basic Pay as on 01.01.2026<br>(Mention Level and Cell also)                                                                                                                        |  |
| 12. | Type of Quarter applying :<br>a. Type I (CIFE, Old/ Bandra Govt. Qtrs.)<br>b. Type II (CIFE, Old/ Bandra Govt. Qtrs.)<br>c. Type IV (CIFE, Old/ New Campus/ Haji Ali)<br>d. Type V |  |
| 13. | Do you want the lower grade accommodation/ allotment from the accommodation you are entitled                                                                                       |  |
| 14. | Priority date for the Type V Quarters                                                                                                                                              |  |
| 15. | Applicant's present residential address                                                                                                                                            |  |
| 16. | Whether the applicant or his dependent family member owns a house within the limits of the Mumbai Metropolitan Corporation area                                                    |  |

|         |                                                                                                                                                                                                   |                              |                     |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------|
| 17.     | Whether the applicants are entitled for reservation of accommodation for a particular post under the rules, then tell?<br>a. Post Details<br>b. Date from which he has assumed office permanently |                              |                     |
| 18.     | Whether the applicant is residing in the present residence of the Institute along with any other person, remember, with whom he/she is living comfortably, give the details                       |                              |                     |
| Sr. No. | Name                                                                                                                                                                                              | (if there is a relationship) | what are they doing |
|         |                                                                                                                                                                                                   |                              |                     |
|         |                                                                                                                                                                                                   |                              |                     |
|         |                                                                                                                                                                                                   |                              |                     |
| 19.     | Whether any family member is a Government employee: Mention Department and Place                                                                                                                  |                              |                     |

**Declaration:-**

1. I certify and declare that the facts stated in the application are correct to the best of my knowledge and belief and nothing else has been concealed
2. That I have read/ understood the Allotment of Residences Rules.
3. That the allotment made to me shall be subject of Allotment of Residences Rules.
4. That the allotment of quarter in my name may be cancelled/ action taken against me as deemed fit, in case, information furnished by me is found false or incorrect.

**Place :** \_\_\_\_\_

**Date :** \_\_\_\_\_

\_\_\_\_\_  
**Signature of the Applicant**

**(For office use)**

It is certified that the information in column 4 to 14 given by the applicant in this application has been checked from the service record of the applicant and found to be correct.

\_\_\_\_\_  
**Signature of the Officer**