

ZAKIR HUSAIN POST GRADUATE EVENING COLLEGE, NEW DELHI.

J.N. MARG, NEW DELHI - 110002.

Certificate to be furnished by all Central Government Servants for  
drawal of House Rent Allowance.

- 1) I certify that I\* (have applied for the Government accommodation in accordance with the prescribed procedure but) have not been provide with Government accommodation/(have refused the allotment of Government accommodation) during the period in respect of which the allowance is claimed.
- 2) I certify that I am residing in a house hired/owned by me/my wife/husband/son/daughter/father/mother/a Hindu undivided family in which I am a coparcener.
- 3) I certify that I am Incurring some expenditure on rent  
\_\_\_\_\_ contributing towards rent.  
Or  
\*\*I certify that the rent value of the house owned by me/owned by a Hindu undivided family in which I am a coparcener and in which I am residing is ascertainable in the manner specified in Para 7 of O.M. No.F.2(37)-E.II(B)/64, dated 27.11.65, I certify that I am paying/contributing towards house or property tax.
- 4) I certify that I am not sharing accommodation allotted to my parent(child) by the State/Central Government, an autonomous public undertaking or semi-Government organization such as municipality, port trust, etc., allotted rent-free to another Government servant.
- 5) I certify that my husband/wife/children/parents who is/are sharing accommodation with me allotted to another employee of the Central/State Government/autonomous public undertakings or semi-Government organizations like municipality, port trust etc., is/are not in receipt of house rent allowance from the Central/State Government/autonomous public undertakings or semi-Government organizations like municipality port trust, etc.
- 6) I also certify that my wife/husband has not been allotted accommodation at the same station by the Central/State Government/autonomous public undertakings or semi-Government organizations such as municipality, port trust etc.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Address \_\_\_\_\_

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