



संजय गांधी स्नातकोत्तर आयुर्विज्ञान संस्थान, लखनऊ  
SANJAY GANDHI POST GRADUATE INSTITUTE OF MEDICAL SCIENCES,  
RAEBARELI ROAD, LUCKNOW-226014

Ref. No. PGI/Estate/H-568 / 429 /2025

Dated: 30 /09/2025

**CIRCULAR**  
**(Preparation of Seniority for House Allotment)**

Further to office order no. PGI/Estate/H-109/487/14 dt. 22-10-2014, the following is notified, with immediate effect:

1. The allotment year was notified to begin on 1<sup>st</sup> January, every year.
2. Accordingly, in terms of Rule 7, applications for allotment during the **Allotment Year 2026** are invited from all applicants desirous of inclusion of their names in the seniority list for **"ALLOTMENT YEAR 2026"**.
3. All desirous applicants should submit applications in the format prescribed in the rules, duly verified by their respective Establishment Office to the Estate Officer, during the period **01-10-2025 to 31-10-2025**. In this regard the following may please be noted:
  - a) Applications submitted for the allotment year 2025 or otherwise till date, shall not be considered for Allotment Year 2026, and **all those desirous of allotment shall have to apply afresh.**
  - b) **Counter signature of the HOD is not mandatory.** Applicants, who do not wish to have specific recommendations of HOD, may submit their applications directly after obtaining the verification from their respective Establishment office in-charge.
  - c) The applications shall be received only during the above period. **A separate application register/data for 2026 shall be maintained by the Estate Office and all are advised to note the serial number allotted to their application, for future reference.**
  - d) Applications not bearing the verification of the Establishment office or incomplete applications shall not be accepted.
  - e) As per Rule 7, applications for inclusion in the list shall not be entertained after the period stated above, except in case of new joining till notifications for the next Allotment Year.
  - f) The staff/officers/faculty members who fail to get allotment during the allotment year 2026 shall have to apply afresh for the next allotment year i.e. 2027.

**NOTE : APPLICATION RECEIVED AFTER 31-10-2025 WILL NOT BE CONSIDERED.**

**Annexure: Proforma of Application.**

  
ESTATE OFFICER

Copy to the following for information & further action:

1. Director.
2. Additional Director.
3. Executive Registrar.
4. Chief Medical Superintendent.
5. Medical Superintendent.
6. All HOD's and Nodal Officer through e-mail/e-office for circulation of above information for other Faculty Members and subordinate staffs.
7. Joint Director (Admin.).
8. Joint Director (MM.).
9. Finance Officer.
10. HOD, BHI with request to upload the order on the Institute website.
11. Chief Nursing Officer for circulation of above information for all subordinate Nursing Staffs.
12. All Notice Boards.

  
ESTATE OFFICER  
29 Sep 2025



संजय गांधी स्नातकोत्तर आयुर्विज्ञान संस्थान, लखनऊ  
SANJAY GANDHI POST GRADUATE INSTITUTE OF MEDICAL SCIENCES,  
RAEBARELI ROAD, LUCKNOW

मवन आवंटन हेतु प्रार्थना-पत्र

|                                                                                                                  |                                                                                                                                |                                                                                                                                                                                                                 |  |         |  |                |  |  |  |  |  |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------|--|----------------|--|--|--|--|--|--|--|--|--|--|--|
| आवेदित आवास की श्रेणी                                                                                            |                                                                                                                                | टाईप-                                                                                                                                                                                                           |  |         |  |                |  |  |  |  |  |  |  |  |  |  |  |
| 1.                                                                                                               | आवेदक का नाम (हिन्दी में)<br>(अंग्रेजी में)                                                                                    |                                                                                                                                                                                                                 |  |         |  |                |  |  |  |  |  |  |  |  |  |  |  |
| 2.                                                                                                               | पिता/पति का नाम                                                                                                                |                                                                                                                                                                                                                 |  |         |  |                |  |  |  |  |  |  |  |  |  |  |  |
| 3.                                                                                                               | स्थायी पता (प्रदेश सहित)                                                                                                       |                                                                                                                                                                                                                 |  |         |  |                |  |  |  |  |  |  |  |  |  |  |  |
| 4.                                                                                                               | जन्म-तिथि                                                                                                                      |                                                                                                                                                                                                                 |  |         |  |                |  |  |  |  |  |  |  |  |  |  |  |
| 5.                                                                                                               | जाति (प्रमाण-पत्र सहित)                                                                                                        |                                                                                                                                                                                                                 |  |         |  |                |  |  |  |  |  |  |  |  |  |  |  |
| 6.                                                                                                               | आवेदक अविवाहित है या विवाहित                                                                                                   |                                                                                                                                                                                                                 |  |         |  |                |  |  |  |  |  |  |  |  |  |  |  |
| 7.                                                                                                               | संस्थान में योगदान की तिथि/रैंक क्रमांक                                                                                        | <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> / <table border="1"> <tr> <td></td><td></td><td></td><td></td> </tr> </table> |  |         |  |                |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                  |                                                                                                                                |                                                                                                                                                                                                                 |  |         |  |                |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                  |                                                                                                                                |                                                                                                                                                                                                                 |  |         |  |                |  |  |  |  |  |  |  |  |  |  |  |
| 8.                                                                                                               | संस्थान में योगदान की तिथि को<br>(क) पदनाम<br>(ख) वेतनमान एवं ग्रेड-पे<br>(ग) अर्ह आवास का प्रकार                              | <table border="1"> <tr> <td colspan="2">वेतनमान</td> <td>ग्रेड-पे/लेविल</td> </tr> <tr> <td colspan="2"></td> <td></td> </tr> </table>                                                                          |  | वेतनमान |  | ग्रेड-पे/लेविल |  |  |  |  |  |  |  |  |  |  |  |
| वेतनमान                                                                                                          |                                                                                                                                | ग्रेड-पे/लेविल                                                                                                                                                                                                  |  |         |  |                |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                  |                                                                                                                                |                                                                                                                                                                                                                 |  |         |  |                |  |  |  |  |  |  |  |  |  |  |  |
| 9.                                                                                                               | आवेदक का वर्तमान<br>(क) पदनाम<br>(ख) वेतनमान/ग्रेड पे<br>(ग) किस तिथि से<br>(घ) अर्ह आवास का प्रकार<br>(सातवें वेतनमान अनुसार) | <table border="1"> <tr> <td colspan="2">वेतनमान</td> <td>ग्रेड-पे/लेविल</td> </tr> <tr> <td colspan="2"></td> <td></td> </tr> </table>                                                                          |  | वेतनमान |  | ग्रेड-पे/लेविल |  |  |  |  |  |  |  |  |  |  |  |
| वेतनमान                                                                                                          |                                                                                                                                | ग्रेड-पे/लेविल                                                                                                                                                                                                  |  |         |  |                |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                  |                                                                                                                                |                                                                                                                                                                                                                 |  |         |  |                |  |  |  |  |  |  |  |  |  |  |  |
| 10.                                                                                                              | वर्तमान आवास<br>(क) परिसर<br>(ख) परिसर से बाहर                                                                                 | आवास सं० - टाईप-                                                                                                                                                                                                |  |         |  |                |  |  |  |  |  |  |  |  |  |  |  |
| 11.                                                                                                              | वर्तमान तैनाती विभाग/वार्ड/ओटी/आईसीयू                                                                                          |                                                                                                                                                                                                                 |  |         |  |                |  |  |  |  |  |  |  |  |  |  |  |
| बिन्दु सं० 3, 5, 7, 8 एवं 9 के संबंध में संबंधित अधिष्ठान से कार्यालय अभिलेखानुसार आख्या हस्ताक्षर एवं मोहर सहित |                                                                                                                                | आवेदक का हस्ताक्षर                                                                                                                                                                                              |  |         |  |                |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                  |                                                                                                                                | आवेदक का नाम                                                                                                                                                                                                    |  |         |  |                |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                  |                                                                                                                                | पदनाम                                                                                                                                                                                                           |  |         |  |                |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                  |                                                                                                                                | विभाग                                                                                                                                                                                                           |  |         |  |                |  |  |  |  |  |  |  |  |  |  |  |
| विभागाध्यक्ष की संस्तुति मोहर सहित                                                                               |                                                                                                                                | फोन नंबर/मो०नं०                                                                                                                                                                                                 |  |         |  |                |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                  |                                                                                                                                | व्हाट्सएप नं०                                                                                                                                                                                                   |  |         |  |                |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                  |                                                                                                                                | आई.डी.नं०                                                                                                                                                                                                       |  |         |  |                |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                  |                                                                                                                                | आधार कार्ड सं० (प्रतिलिपि संलग्न)                                                                                                                                                                               |  |         |  |                |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                  |                                                                                                                                | दिनांक                                                                                                                                                                                                          |  |         |  |                |  |  |  |  |  |  |  |  |  |  |  |

Note : Applications not bearing the verification of the Establishment office or incomplete applications shall not be accepted.