

Form 6

HRA CHANGE REQUEST

1	DEPARTMENT	
2	DISTRICT	
3	OFFICE NAME	
4	HRA/CCA SLAB (OLD)	
5	HRA CCA SLAB (NEW)	
6	WITH EFFECTIVE DATE OF NEW HRA	
7	ORDER NUMBER	
8	Contact Number	
		DDO's seal and signature with date
	<p align="center"><u>Certificate from the concerned PWD Buildings EE /AEE</u></p> <p>This is to certify that the above mentioned office building situated within -----KMs and is within the.....[B2 class city/C class city(Town)/Cities not in B2 &C class/unclassified] area limit. This is issued to produce before SPARK authorities.</p> <p align="right">Sign and seal</p>	
	<p><u>Counter signature from the concerned Treasury</u></p> <p align="center">Verified and found correct</p> <p align="right">Seal and signature of Treasury officer</p>	

Note: Please fill up the form, attach a copy of the order stating the change of HRA Slab and send it to info@spark.gov.in