

**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
	<u>Certificate from the concerned PWD Buildings EE /AEE</u> 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.	Sign and seal
	<u>Counter signature from the concerned Treasury</u> Verified and found correct	Seal and signature of Treasury officer

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](mailto:info@spark.gov.in)