



Application No. \_\_\_\_\_

# APPLICATION FORM FOR MOHALI (Phase-II) HOUSING SCHEME

27

Regn. No. : \_\_\_\_\_

**THE CEO, CGEWHO**

Janpath Bhwan, 'A' Wing

6th Floor, Janpath, New Delhi-110 001

**AFFIX  
Photograph  
here**

**Personal Particulars :**

1. Full Name

2. Father/Husband's Name

3. Whether Belongs To  **SC**  **ST**  **OTHERS**  4. Whether belongs to Priority I  II

*(Tick In Applicable Box. Attach Attested Photocopy Of the Caste Certificate, If Applicable.)*

*(Tick in applicable box)*

5. Name of the Office & Address

City

State

Pin

Telephone

6. Parent Department, If on Deputation \_\_\_\_\_

7. Designation/Occupation \_\_\_\_\_

8.(a) Group Of Service(A/B/C/D)  8 (b) Grade Pay  8 (c) Pay Band :  **P**  **B**

9. (a) Date Of Birth  9.(b) PAN with Income Tax Authority

10. Date Of Appointment in Central Govt. Service

11. Date Of Retirement, (If Retired)

12. Pension Payment Order No. \_\_\_\_\_ & Date

*(Applicable in case of retired personnel only)*

13. Address For Correspondence

City

State

Pin

E-MAIL \_\_\_\_\_ Telephone- Landline/Mobile

14. City Of Scheme

MOHALI - II

15. Type of Unit

**For Office Use Only**

**ACKNOWLEDGEMENT OF APPLICATION**

Application No. \_\_\_\_\_

City MOHALI - II

Amount Received (Rs.)

Regn. No.

Date of Receipt

For Chief Executive Officer  
(CGEWHO)

50000/100000



**Payment Particulars :**

16. Amount Sent  17. Draft Details

18. Name of Bank

**Particulars of the Nominee**

(Please refer to para 33 of CGEWHO Rules)

19. Nominee's Full Name & Address

Relationship \_\_\_\_\_

Nominee's Signature \_\_\_\_\_

20. Certification (Not required in case of retired applicant of Priority I & II).

*(To be Certified by the H.O.D./Administration in which the applicant is working (Score out whichever is not applicable).)*

Certified that Mr/Ms. \_\_\_\_\_ is employed with \_\_\_\_\_ as \_\_\_\_\_

It is further certified that Mr/Ms. \_\_\_\_\_ is a Central Govt employee & he/she has been appointed by or on behalf of the President of India and his/her salary is debited to the Consolidated Fund of India *(Required in case of applicants in service and belonging to Priority I).*

\_\_\_\_\_  
Signature

Name

Office Stamp (Seal)

I hereby undertake to abide by all the rules and instructions issued by the Central Government Employees Welfare Housing Organisation.

21. Date of Application

\_\_\_\_\_  
Signature of Applicant