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No.A-404/1

Speed Post

09.04.2014

To all beneficiaries of Kolkata (Phase-II) Housing Scheme

Subject : Allotment of lowest floor/flat to Person with Disability and Car Parkings in CGEWHO's Kolkata (Phase-II Housing Scheme).

Sir/Madam,

We are pleased to inform you that the Kolkata (Phase-II) project is in advanced stage of construction for handing over of possession. Action regarding inviting options for allotment of specific car parking to the allottees and allotment of lowest floors/flats to the Person with Disability is now required to be taken before action regarding draw of lots and handing over possession of dwelling unit to the beneficiaries.

2. Option for allotment of specific floors are NOT being invited since, lifts have been provided in all the blocks and differential costing has not been resorted to as per CGEWHO Rules. The allotment of flats of all the types shall be made by manual draw as per the requests of Project Monitoring Committee (Representative bodies of allottee). The flat/floor allotted by the Draw announced by 'Draw Committee' shall be final, cannot be changed other than the provisions towards mutual transfer as per CGEWHO rules.

3. **Allotment of lowest floor/flats for Person with Disability** : As per Rule-24 of the 'CGEWHO Scheme Brochure-Part 'B', reservation for allotment of ground/lowest floor are to be made on medical ground as detailed below:

(a) **Percentage** : 3% of the first floor flats in each type of the scheme are reserved for the physically handicapped persons. In case of Kolkata(Phase-II) Housing Scheme, the reservations shall be as under :

Type	Configuration	Total DUs <sup>*</sup> (in No)	DUs in First Floor (in No)	DU under Reservation (in No)
A (1BHK)	Stilts+6	036 (in 1Blk)	06	1
B (2BHK)	Stilts+6	156(in 6Blk)	26	1
C (3BHK)	Stilts+6	192 (in 5Blk)	32	1
D (4BHK)	Stilts+6	198 (in 9Blk)	33	1
<b>TOTAL</b>		<b>582 (21Blks)</b>	<b>97</b>	<b>4</b>

(b) **Qualifying Criteria** :

- Orthopedically Handicapped – Severe (75% and above disability)
- Visually Handicapped – Severe (75% and above disability)
- Mental illness - Severe (75% and above disability)

(c) **Applicability** : The preferential allotment shall be applicable only in case of the i) allottee/beneficiary, ii)his/her spouse or iii) children, falling under the criteria, as mentioned in Para-3(b) above.

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(d) **Documents Required** : The percentage of disability should be certified by a Medical Committee/Board constituted for this purpose and countersigned by the Medical Superintendent/CMO/Govt. Head of Hospital (with Seal) with attested photograph of patient showing the disability. Duly authenticated/attested copies of certificate(s) issued by Central/State Government Hospital in the specimen format available at <http://www.disabilityindia.org/locomotor.cfm> or <http://www.disabilityindia.org/mr.cfm> or <http://www.disabilityindia.org/cert1.cfm>. A specimen copy of format is reproduced on the back side of 'Option Form'.

(e) **Procedure for preferential allotment** : All the beneficiaries who are interested to submitted their request for preferential allotment on medical ground may submit their request in the performa enclosed along with this letter as Annexure-I and return it to this office latest by **02.05.2014** without fail alongwith the required certificate para-3 (d) above. A applications received under above category shall be scrutinized and the preferential allotment shall be made on the recommendations of 'Medical Committee' constituted for the purpose consisting of at least two Doctors of the Government Hospitals with other member(s) who will examine all the eligible applications.

4. **Car Parking Requirement and its allotment** : Total 449 car parking under stilt(s) are available for allotment against 582 dwelling units of various categories, at an additional cost of Rs.2,75,000/- (Rupees Two Lakh Seventy Five Thousand Only). Allotment of car Parking under stilt will be decided after analyzing the requirement of car parking from the allottee(s). Accordingly, you are requested to submit your requirement in the prescribed form enclosed with this letter as Annexure-I latest by **02.05.2014**.

5. It may be noted that :

- 1) The proforma for option for parking and option for allotment on lowest floor on medical ground should be submitted up to **02.05.2014** failing which it shall be presumed that allottee is not interested in car parking and preferential allotment on medical ground.
- 2) The request should be sent separately and not combined or clubbed with any other query/payment etc.
- 3) Kindly See the Proforma of 'Disability Certificate' of Govt. of India which is provided on back side of Option Form & comply the requirement.
- 4) Merely applying will not qualify any beneficiary to have an allotment in lowest floor; compliance of minimum %age of disability, disability certificate issued by prescribed Medical Authority as mentioned in para 3 (d) in the prescribed format is required that a will be examined by the Medical Committee as mentioned in para-3(e) of this letter.

6. Please note that a draw of lots for allotments for specific flat/floor and car parking if required shall be conducted adopting manual method at Kolkata (Phase-II) Project site of CGEWHO tentatively on **26.05.2014 for Type 'A' & 'C' and for type 'B' & 'D' on 27.05.2014 from 10.00 A.M.** by a Committee of Officers consisting a representative from Ministry of Housing & Urban Poverty Alleviation in the presence of beneficiaries of the scheme. An intimation letter will be sent (as well web-published) to all beneficiaries communicating the Schedule of draw with the names of officers of the 'Draw Committee' to witness/participate in the draw of lots.

7. Please be informed that there will be an anticipated increase of 13% on account of escalation over and above the announced cost. Also consequent to the announcement made by finance act 2010 the service tax of around 3% will also be levied on the final cost of the dwelling unit.

8. This is issued with approval of CEO, CGEWHO.

Yours faithfully,

(Arun Kumar Singh)

Assistant Director (Admn)  
for Chief Executive Officer



**OPTION FOR CAR PARKING & ALLOTMENT OF LOWEST FLOOR ON DISABILITY/MEDICAL GROUND IN KOLKATA (PHASE-II) HOUSING SCHEME**

To,  
The Chief Executive Officer,  
Central Government Employees  
Welfare Housing Organisation (CGEWHO)  
6<sup>th</sup> Floor, 'A' Wing,  
Janpath Bhawan,  
New Delhi-110001

Date:

Subject : My Registration No.KL/ / under **Kolkata (Phase-II) Housing Scheme.**

Sir,

With reference to your letter No.A-404/1 dtd 09.04.2014, I may be considered for allotment of Car Parking under stilt, I also agree to pay the cost of car parking in the option below: (write Yes or No)

- a) CAR Parking required : \_\_\_\_\_ (YES/NO)  
b) ONE or TWO : \_\_\_\_\_

2. Further, I submit that I may be considered/Not considered\* for allotment of lowest floor flat on disability/Medical ground, as detailed herein under, I am enclosing the requisite documentary evidence, as required, for consideration by the 'Medical Committee' of CGEWHO.

SL	DESCRIPTION	TO BE FILED IN
(i)	Name of the Ailing/Disabled Person	
(ii)	Relationship with beneficiary	
(iii)	Type of sickness	
(iv)	%age of dis-ability	
(iv)	Any other details (Medical certificate as certified by medical Board attached which are duly signed by HOD of a Govt. hospital)	

3. I agree to abide by the decision of the Chief Executive Officer, CGEWHO, in respect of allotment of specific flat/floor as result of the draw.

Details of enclosures :

Yours faithfully,

Signature :

Name \_\_\_\_\_

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

Address \_\_\_\_\_

Phone/Mobile No. \_\_\_\_\_

(\* strike off which is not applicable).

**Last date of receipt of this proforma in CGEWHO Office is 02.05.2014**



**FORMAT OF THE CERTIFICATE FOR PERSONS WITH DISABILITY**

**NAME & ADDRESS OF THE INSTITUTE/HOSPITAL ISSUING THE CERTIFICATE**

Certificate No. \_\_\_\_\_

Date: \_\_\_\_\_

**CERTIFICATE FOR THE PERSONS WITH DISABILITIES**

This is to certify that Shri/Shrimati/Kumari\* \_\_\_\_\_  
son/daughter\* of \_\_\_\_\_ Age \_\_\_\_\_ years,  
Registration No. \_\_\_\_\_ is a case of Locomotor disability/Cerebral  
Palsy/Blindness/Low vision/Hearing impairment/Other disability\* and has been suffering from  
degree of disability not less than \_\_\_\_\_ % (\_\_\_\_\_).

The details of his/her above mentioned disability is described below:

(IN CAPITAL LETTERS) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note:-

1. This condition is progressive/non-progressive/likely to improve/not likely to improve.\*
2. Re-assessment is not recommended/is recommended after a period of \_\_\_\_\_ months/years.
3. The certificate is issued as per PWD Act, 1995.

\* Strike out which is not applicable.

Sd/-  
(DOCTOR)  
Seal

Sd/-  
(DOCTOR)  
Seal

Sd/-  
(DOCTOR)  
Seal

Signature/Thumb impression of the patient

Countersigned by the  
Medical Superintendent/CMO/Head of  
Hospital (with seal)

Recent Attested Photograph showing the disability affixed here.