



केन्द्रीय सरकारी कर्मचारी कल्याण आवास संगठन  
Central Government Employees  
Welfare Housing Organisation  
(Ministry of Housing & Urban Poverty Alleviation, Govt. of India)

छठा तल, ए खण्ड, जनपथ भवन,  
जनपथ, नई दिल्ली-110001  
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Janpath, New Delhi-110001  
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Fax : 23717250  
E-mail : cgewho@nic.in

No. A-504/6

Date : 11-11-2013

**To all beneficiaries of Meerut (Phase I) Housing Scheme**

**Subject: Request for lowest floor on Medical/Disability reasons and option for Parkings in CGEWHO's Meerut (Phase I) Housing Scheme**

Sir/Madam,

We are pleased to inform you that the Meerut (Phase I) project is near completion. Action regarding allotment of specific floors/flats is now required to be taken before 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. The allotment of flats of all the types shall be made by a Committee of Officers (COO) by conducting Draw of lot subsequently, with prior intimation.

3. **Allotment on Medical Grounds** : Please note that as per para-24 of the 'CGEWHO Rules-Part:B', reservation for allotment of ground / lowest floor are made on medical ground as detailed below:

(a) **Percentage** : 3% of the ground / lowest floor flats in each type of the scheme are reserved for the physically handicapped persons. It is necessary to enclose documents/certificates as detailed in Para -3(d) on next page. In case of Meerut (Phase I) Housing Scheme, the reservations shall be as under:

Type	Configuration With Lift	Total DUs (in No)	DUs on First Floor (in No)	DU under Reservation (in No)
A (One BHK)	Stilt + 5	10	2	1 on (First Floor)
B (Two BHK)	Stilt + 5	40	8	1 on (First Floor)
C (Three BHK)	Stilt + 5	20	4	1 on (First Floor)
D (Four BHK)	Stilt + 5	20	4	1 on (First Floor)

Please visit us at [www.cgewho.in](http://www.cgewho.in)

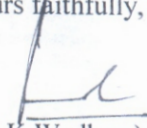
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- (b) Qualifying Criteria:
- i. Orthopaedically Handicapped – Severe (75% and above disability)
  - ii. Visually Handicapped – Severe (75% and above disability)
  - iii. Mental illness – Severe (75% and above disability)
- (c) Applicability : The preferential 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.
- (d) Documents Required : Duly authenticated/ attested copies of certificate(s) issued by Central / State Government Hospital. **%age of disability** should be certified by a Medical Committee, constituted for this purpose and counter signed by the Medical Superintendent/ CMO/ Head of Hospital (with Seal) with attested photograph showing the disability in the **specimen format (Annex-II)** enclosed.
- (e) Procedure for preferential allotment : All the applications received under above category shall be scrutinized and the preferential allotment shall be made on the recommendations of a '**Medical Committee**', consisting of two Doctors of the Government Hospitals, which will examine all the entitled applications.

**Options for Parking : -**

4. 51 no(s) Covered car parking space(s) under stilts & basement are available for allottee(s), at an additional cost of **Rs.1,50,000/-** (One Lac Fifty Thousand Only).
5. You are requested to confirm your requirement for allotment of parking space, in the **enclosed proforma** and return it to this office latest by 13-12-2013. In case, the completed proforma is not received in this office by 13-12-2013, it shall be presumed that the beneficiary is neither interested in preferential allotment on medical grounds nor has any requirement of Car Parking. Allotment of specific flat/Parking Space will be decided after analyzing the requirement of car parking spaced from the allottee(s). Allotment of specific flat/ Parking Space once made by the respective committee, cannot be changed.

Yours faithfully,

  
(P K Wadhwa) 11/11/13

Dy. Director (Admn.)  
for Chief Executive Officer

P.S.: The Proforma should be sent separately and not clubbed with any other query/payment etc.

**Annexure - I**

**OPTION FOR PARKING :: MEERUT (PHASE I) HOUSING SCHEME**

To,

Date :

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

Subject : My Registration No. MR/ / under Meerut (PHASE I) Housing Scheme.

Sir,

With reference to your letter No. A-504/6 dated \_\_\_\_\_, 2013, I submit that I may be considered for allotment of lowest floor flat on medical ground, as detailed herein under, I am forwarding the requisite documentary evidence, as required, for favourable consideration by the Medical Committee.

SL	DESCRIPTION	TO BE FILED IN
(i)	Name of the Ailing/Disabled Family Member/Self	
(ii)	Relationship with beneficiary	
(iii)	Type of sickness	
(iv)	%age of dis-ability (in the specimen format as <b>(Annex-II)</b> enclosed).	

2. Further, I may be considered for allotment of one parking space under stilts : {please tick mark any one option}.

a) CAR : \_\_\_\_\_ {YES/NO}

**NOTE : Car parking shall not be cancelled after the allotment made by CGEWHO.**

3. I agree to abide by the decision of the Chief Executive Officer, CGEWHO, in respect of allotment of specific flat/ floor as a result of the draw of lots, to be held at New Delhi and to be notified & published in the Website.

Yours faithfully,

Name : \_\_\_\_\_

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

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(9)

### CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt./Kum/wife/daughter of Shri \_\_\_\_\_ Age \_\_\_\_\_  
 \_\_\_\_\_ old male/female, Reg. stration No. \_\_\_\_\_ is a  
 case of physically disabled/visual disabled/speech & hearing disabled and has \_\_\_\_\_ %  
 (\_\_\_\_\_) permanent (physical impairment/visual impairment/speech & hearing  
 impairment) in relation to his/her \_\_\_\_\_

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.

\*Strike out which is not applicable.

Sd/- (DOCTOR) Seal	Sd/- (DOCTOR) Seal	Sd/- (DOCTOR) Seal
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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.

**Note :** Authorities to give disability Certificate. - (1) A Disability Certificate shall be issued by a Medical Board duly constituted by the Central and the State Government. (2) The State Government may constitute a Medical Board consisting of at least three members out of which at least one shall be a specialist in the particular field for assessing locomotor/visual including low vision/hearing and speech disability, mental retardation and leprosy cured, as the case may be.

The Medical Board shall, after due examination, give a permanent disability certificate in cases of such permanent disabilities where there are no chances of variation in the degree of disability.

The Medical Board shall indicate the period of validity in the certificate, in cases where there is any chance of variation in the degree of disability.

No refusal of disability certificate shall be made unless an opportunity is given to the applicant of being heard.

On representation by the applicant, the Medical Board may review its decision having regard to all the facts and circumstances of the case and pass such order in the matter as it thinks fit.

The Certificate issued by the Medical Board under rule 5 shall make a person eligible to apply for facilities, concessions and benefits admissible under schemes of the Government or Non Governmental Organisations, subject to such conditions as the Central or the State Government may impose.

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