

**Central Government Employees Welfare Housing Organization**  
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**New Delhi-110 001**

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No. A-504/11(XIV)

By Speed Post

Date : 29/05/2020

To  
**The beneficiaries of Greater Noida (Phase-I) Housing Scheme.**

Subject : **Allotment of specific flat/floor inviting option for preferential allotment in lowest floor for Person with Disability and additional Car Parking in Stilt Floor in CGEWHO's Greater Noida (Phase-I) Housing Scheme thr. draw of lots.**

Sir/Madam,

CGEWHO is pleased to inform that the Greater Noida (Phase-I) project is in advanced stage of construction. Action regarding allotment of specific floors/flats and additional car parking(s) is now required to be taken up before handing over peaceful possession of dwelling unit to the beneficiaries.

2. Option for allotment of specific floor is NOT being invited since, lifts have been provided in all the blocks and floor-wise differential costing has not been resorted to. The allotment of flats of all the types shall be made by a Committee of Officers (CoO) from CGEWHO, including one Representative of M/o HUA as member and in the presence of all beneficiaries as per Rule-24 of CGEWHO Scheme Brochure : Part-B [revision approved in Executive Committee meeting held on 28/11/2018 as per provision made in the RPwD Act 2016]. The floor/flat allotted by the 'Draw Committee' shall be final, cannot be changed. The amended CGEWHO Rule-24 is reproduced below :

**RESERVATIONS as per the provision of Rights of Persons with Disabilities Act 2016 :**

- i) Reservation will be made **upto 5% of ground/ lowest floor** dwelling units/Apartments/Flats for the Persons with benchmark disabilities [i.e. **not less than 40% disability**] in CGEWHO's Housing Scheme.

**1). Physical Disability :**

Locomotor disability	[Leprosy cured person, Cerebral palsy, Dwarfism, Muscular dystrophy, Acid attack victim as per section 2(zc) of the act]
Visual impairment	[Blindness, Low vision and as per section 2(zc) of the act]
Hearing impairment	[Deaf, Hard of hearing and as per section 2(zc) of the act]
Speech and Language disability	[Permanent disability as per section 2(zc) of the act]

**2). Intellectual Disability :**

Specific Learning disabilities	[as per section 2(zc) of the act]
Autism spectrum disorder	

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**LAST DATE TO REACH option at CGEWHO's HEAD OFFICE : 31/07/2020.**

3). Mental Disability/behaviour :

Mental illness	[as per section 2(zc) of the act]
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4). Neurological Disability :

Multiple sclerosis	[as per section 2(zc) of the act]
Parkinson's disease	
Haemophilia	
Thalassemia	
Sickle cell disease	

5). Multiple Disabilities : More than one of the above specified disabilities or any other category as may be notified by the Central Government : [as per section 2(zc) of the act]

- ii) Availability of the above facility **is restricted only to the allottee and his/her dependant i.e. spouse/ children/ sister/ brother, if any.**
- iii) Percentage of disability would be certified by the competent authority as per the prescribed format as defined in the Right of Persons with Disabilities Act 2016. Scrutiny for allotment(s) to PwD shall be done by an expert committee of doctor(s) headed by CMO/MS of a Government Hospital.

3(a). **Reservation of Unit/Flat in Scheme :**

Type	Configuration	Total DUs (in No)	DUs in First Floor (in No)	DU under Reservation (in No)
A (1BHK)	Basement & Stilt Floor for Parkings +13 Flr	104 (in 1Blks)	8	1
B (2BHK)	Basement & Stilt Floor for Parkings+11 & 13 Flr	506 (in 1 & 4 Blks)	40	2
C (3BHK)	Basement & Stilt for Parkings+9, 11, 12 &14 Flr	848 (in 1, 1, 2 & 12 Blks)	64	3
D (4BHK)	Basement & Stilt Floor for Parkings+14 Flr	280 (in 5 Blks)	20	1
<b>TOTAL</b>		<b>1738</b>	<b>132</b>	<b>7</b>

3(b) **Documents Required :**

Duly authenticated/ attested copies of certificate(s) issued by Competent 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. For the specimen format, <http://www.swavlambancard.gov.in/>. However, a specimen format is reproduced in the back side of 'Option Form'.

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3(c) **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 at least two Doctors of the Government Hospitals with other member(s), who will examine all the entitled applications, if required person with disability. Report of the 'Medical Committee' will be web-published in the Website of CGEWHO from time to time.*

4. Beneficiaries falling under the above category for preferential allotment on disability ground need to fill '**PROFORMA**' placed at annexure-I along with the disability certificate as per the format given and sent to this office by post to reach this office within due date i.e. **31/07/2020** so that allotment of lowest floor i.e. First floor may be considered by the 'Medical Committee'. Application for preferential allotment on disability ground received after **31/07/2020** will NOT be considered afterwards. Specific allotment of flat in lowest floor will be made through a draw of lots at the **Project Office** of CGEWHO by a Committee of Officers with a representative from Ministry of Housing & Urban Affairs. Allotment of specific flat/parking once made by the committee, cannot be changed/surrendered later.

5. Please note that an intimation letter will be sent to all beneficiaries and web-published communicating the **Schedule of draw of lots** with the names of officers of the 'Draw Committee' to witness and to participate in the draw of lots. **Result of draw of lots also will be notified in the website for information in general.**

6. One car parking in the basement will be allotted to each beneficiary without charging any cost. 1500 nos additional car parking (**refer 3g of page-2 of the scheme brochure**) are available for allotment at cost of Rs.3,00,000/=(Rupees three lakh only) each; payment will be demanded at the time of 6<sup>th</sup> & final call; while offering peaceful physical possession. **Option** for the same may please be submitted/mentioned as per para-2 of 'OPTION FORM'.

Yours truly,

**N.B. :**

**The Option form should be sent separately and not clubbed with any other query/payment etc.**

**Kindly see Proforma of 'Disability Certificate' of Govt. of India in back side of Option Form.**

**Merely applying will not qualify any beneficiary to have an allotment in lowest floor; compliance of minimum %age of disability, disability certificate in the prescribed format is required that will be examined by the Medical Committee as mentioned in para-3(c) of this letter.**

**M K Maity**  
Deputy Director (Administration)

*For Chief Executive Officer*

**E-Mail :** cgewho.pgo2@gmail.com;

**Phone :** (011) 23327012

**LAST DATE TO REACH option at CGEWHO's HEAD OFFICE : 31/07/2020.**

**OPTION FOR ADDL CAR PARKING & PREFERENTIAL ALLOTTMENT ON DISABILITY  
GROUND :: GREATER NOIDA (PHASE-I) HOUSING SCHEME**

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

Date :

Subject : My Registration No. GN/ / under Greater Noida (Phase-I) Housing Scheme.

Sir,

With reference to your letter No.A-504/11(XIV) Dt.29/05/2020, I may be considered for allotment of lowest floor flat on disability 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 Person	
(ii)	Relationship with beneficiary	
(iii)	Type of sickness	
(iv)	%age of disability	
(v)	Any other details	
(Attach disability certificate duly signed by CMO/HOD of a Govt. Hospital)		

2. Further, I may be considered for allotment of additional Car Parking(s) in stilt floor {Please tick ✓ mark any one option} at cost of Rs.3,00,000/= (Rupees three lakh only); payment of which will be called at the time 6<sup>th</sup> & final call-up/demand notice while offering peaceful physical possession.

a) Addl. Car Parking in stilt floor :  ONE OR  TWO

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 Project Office at Greater Noida and to be notified & published in the Website.

Yours faithfully,

Details of enclosures :

Signature :

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

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

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

**LAST DATE TO REACH option at CGEWHO's HEAD OFFICE : 31/07/2020.**

**FORM OF MEDICAL CERTIFICATE FOR PERSONS WITH DISABILITIES (PWD)****NAME & ADDRESS OF THE INSTITUTE / HOSPITAL**

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

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

**DISABILITY CERTIFICATE**

This is certified that Shri/Smt/Kum \_\_\_\_\_, son/wife/daughter of Shri \_\_\_\_\_ age \_\_\_\_\_ sex Male/Female having \_\_\_\_\_ identification marks as \_\_\_\_\_ below

is suffering from permanent disability of following category:

**A. Locomotor or cerebral palsy:**

- |   |                      |
|---|----------------------|
| (i) BL - Both legs affected but not arms.                   | (a) Impaired reach   |
| (ii) BA - Both arms affected                                | (b) Weakness of grip |
| (iii) OL - One leg affected (right or left)                 | (a) Impaired reach   |
|   | (b) Weakness of grip |
|   | (c) Ataxic           |
| (iv) OA - One arm affected                                  | (a) Impaired reach   |
|   | (b) Weakness of grip |
|   | (c) Ataxic           |
| (v) BH - Stiff back and hips (cannot sit or stoop)          |                      |
| (vi) MW - Muscular weakness and limited physical endurance. |                      |

**B. Blindness or Low Vision:**

- |               |                           |
|---------------|---------------------------|
| (i) B - Blind | (ii) PB - Partially Blind |
|---------------|---------------------------|

**C. Hearing impairment:**

- |              |                          |
|--------------|--------------------------|
| (i) D - Deaf | (ii) PD - Partially Deaf |
|--------------|--------------------------|
- (Delete the category whichever is not applicable)*

2. This condition is progressive/non-progressive/likely to improve/not likely to improve. Re-assessment of this case is not recommended. / is recommended after a period of \_\_\_\_\_ years \_\_\_\_\_ months.\*

3. Percentage of disability in his/her case is ..... percent.

4. Sh./Smt./Kum.....meets the following physical requirement for discharge of his/her duties:-

- |  |  |
|--|--|
| (i) F - can perform work by manipulating with fingers. | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| (ii) PP - can perform work by pulling and pushing.     | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| (iii) L - can perform work by lifting.                 | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| (iv) KC -can perform work by kneeling and crouching.   | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| (v) B -can perform work by bending.                    | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| (vi) S -can perform work by sitting.                   | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| (vii) ST -can perform work by standing.                | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| (viii) W -can perform work by walking.                 | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| (ix) SE -can perform work by seeing.                   | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| (x) H -can perform work by hearing/speaking.           | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| (xi) RW -can perform work by reading and writing.      | Yes <input type="checkbox"/> / No <input type="checkbox"/> |

(Dr. \_\_\_\_\_)

Registration No. \_\_\_\_\_

Member, Medical Board

*(Signature & Name)*

(Dr. \_\_\_\_\_)

Registration No. \_\_\_\_\_

Member, Medical Board

*(Signature & Name)*

(Dr. \_\_\_\_\_)

Registration No. \_\_\_\_\_

Member/ Chairperson, Medical Board

*(Signature & Name)*

(\* Please delete words which are not applicable)

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

**Note :** (i) According to the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Rules, 1996 notified on 31.12.1996 by the Central Government in exercise of the powers conferred by sub-Section (1) and (2) of Section 73 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (1 of 1996), authorities to give disability certificate will be a Medical Board duly constituted by the Central or the State Government. 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/ hearing and speech disability, mental retardation and leprosy cured, as the case may be.

(ii) The certificate would be valid for a period of 5 years for those whose disability is temporary. For those acquired permanent disability, the validity can be shown as 'permanent'.

Place:

Seal

Date :