



केन्द्रीय सरकारी कर्मचारी कल्याण आवास संगठन

CENTRAL GOVERNMENT EMPLOYEES WELFARE HOUSING ORGANISATION

(Ministry of Housing & Urban Affairs, Govt. of India)
(An ISO 9001-2015 Organisation)

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No. A-110/10 (II)

Date : 29/11/2023

To

The beneficiaries of Kolkata (Phase III) Housing Scheme.

Subject: Allotment of specific flat / floor / car parking & inviting option for preferential allotment in lowest floor for Person with Disability (PwD) in CGEWHO's Kolkata (Phase III) Housing Scheme through draw of lots.

Sir/Madam,

CGEWHO is pleased to inform you that construction in Kolkata (Phase - III) project has now been commenced. Accordingly, allotment of specific floors/ flats and car parking is now required to be done before registration of 'Agreement for Sale'.

2. Option for allotment of specific floor will NOT be invited at any stage, since lifts have been provided in all the blocks and floor-wise differential costing has not been resorted to. The allotment of all flats 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 at Kolkata (Phase III) project site. The floor / flat allotted by the 'Draw Committee' shall be final and cannot be changed.

3. **Allotment on Medical Grounds:** Please note that as per Rule-24 of CGEWHO Scheme Brochure: Part-B [As per provision made in the RPwD Act 2016], reservations for allotment of ground / lowest floor are made on medical ground as amended CGEWHO Rule-24, which 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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Please visit us at www.cgewho.in

3. **Mental Disability/behaviour :**

Mental illness [as per section 2(zc) of the act]

4. **Neurological Disability :**

Multiple sclerosis
Parkinson's disease
Haemophilia
Thalassemia
Sickle cell disease

[as per section 2(zc) of the act]

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 dependent 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.

4(a) Reservation of Unit/Flat in Scheme:

Type	Configuration	Total DUs (in No)	DUs in Lowest Floor (in No.)	DUs under Reservation (in No)
C (Three BHK)	Stilts Parking + 12	92	4	1
N (Three BHK)	Stilts Parking + 12	144	12	1

4(b) **Documents Required:**

Duly authenticated/ attested copies of certificate(s) issued by Competent Government Hospital. **Percentage** 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. A specimen format is reproduced in the back side of 'Option Form.

4(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.

5. Beneficiaries falling under the above category for preferential allotment on disability ground need to fill 'PROFORMA' placed at annexure-I along with disability certificate as per the format given and sent to this office by post to reach this office within due date i.e. **22/12/2023** 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 **22/12/2023** will **NOT be considered afterwards**. Specific allotment of flat in lowest floor will be made through a draw of lots at the Kolkata 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.

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6. **Allotment through draw of lots:** The draw will be done as per following schedule. **Result of draw of lots will be notified in the website for information in general.**

Type of flat	Total No. of Dwelling Unit / Flat	Day & Session
Venue: Kolkata (Phase III) Housing Project Site		
C (3 BHK)	92	Starting at 1000 Hrs. on 17/01/2024 (Wednesday) in pre-lunch session.
N (3 BHK)	144	

7. One car parking will be allotted to each allottee without charging any additional cost. Specific car parking number will also be allotted during the draw of lots. This is being issued with the approval of Competent Authority.



Yours faithfully

(Handwritten signature)
29/1/23

(Ashok Kumar)
Dy. Director (Admn.)
for Chief Executive Officer

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

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OPTION FOR PREFERANTIAL ALLOTTMENT ON DISABILITY GROUND
KOLKATA (PHASE III) HOUSING SCHEME

To,

Date : _____

Chief Executive Officer
 Central Government Employees
 Welfare Housing Organisation
 6th Floor, A Wing
 Janpath Bhawan
New Delhi - 110001

Subject : My Registration No. KO/ / under Kolkata (Phase III) Housing Scheme.

Sir,

With reference to your letter No.A-110/10 (II) dated 29/11/2023, 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 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. 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 Kolkata. Please see over leaf for format of PWD certificate.

Yours faithfully,

Signature :

Name : _____

Address : _____

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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 _____ age _____ sex Male/Female
son/wife/daughter of Shri _____ marks as _____ below
having identification _____

Paste here your recent colour photograph showing the disability.

(The photograph should be attested by the Chairperson of the Medical Board).

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. | |

Signature of candidate in the above box below the photograph

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'.

Seal

Place:
Date:

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