



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)

छठा तल, 'ए' खण्ड, जनपथ भवन,
जनपथ, नई दिल्ली-110 001
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No. A-110/7

Date: 13/03/2024

To

The beneficiaries of Chennai (Phase III) Housing Scheme.

Subject: Allotment of specific flat / floor & inviting option for preferential allotment of DU at lowest floor for Person having Disability and Car Parking at Stilt in CGEWHO's Chennai (Phase III) Housing Scheme through draw of lots.

Dear Sir/Madam,

CGEWHO is pleased to inform you that, the Chennai (Phase - III) project is in advanced stage of construction. Accordingly, allotment of specific Flat/Floor and car parking is now required to be done before handing over peaceful possession of dwelling unit to the beneficiaries.

2. The allotment of all the DUs shall be made by a Committee of Officers (CoO) from CGEWHO including an independent observer as member. The draw will be held at project site in the presence of all beneficiaries. The DUs allotted by the 'Committee of Officers' shall be final and cannot be changed.

3. **Allotment on Medical Grounds:** Please note that as per the provision contained in the Rights of Persons with Disabilities Act 2016, the Rule-24 of CGEWHO Scheme Brochure: Part-B has been amended and reservations for allotment of lowest floor will be made on medical grounds as mentioned below:

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

a) 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]

b) Intellectual Disability:

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

c) Mental Disability/behavior:

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

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

e) 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 RPWD 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.

iv) Reservation of Unit/Flat in Scheme:

Type	Configuration	Total DUs (in No)	DUs in Lowest Floor (in No.)	DUs under Reservation (in No)
A (One BHK)	Stilts Parking + 10	400	40	2
B (Two BHK)	Stilts Parking + 10	240	24	1
C (Three BHK)	Stilts Parking + 10	340	34	2
D (Four BHK)	Stilts Parking + 10	240	24	1

v) **Documents Required:**

(a) 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 attached as Annexure III.

(b) Beneficiaries falling under the above category for preferential allotment on disability ground need to fill the enclosed Option Form (Annexure-1) along with disability certificate as per the format given with this letter. The Option Form along with disability certificate is required to be submitted to this office by post and the same be reached to reach this office within due date i.e. **08/04/2024**. So that, the allotment of lowest floor i.e first floor may be considered by the 'Medical Committee'.

vi) **Procedure for preferential allotment:**

All the applications received under above category will 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.

4. It is intimated that, a total of **516** number of car parking(s) are available at stilts in the various blocks and the same can be acquired at an additional cost of **Rs. 2,50,000/-** (Two lakh fifty thousand only) per parking.

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Details of Block wise car parking(s) are as under:

Car Parking:

Type	Block / No. of car parking	Block / No. of car parking	Block / No. of car parking
Type "D"	D1 = 45	D2 = 45	D3 = 45
Type "C"	C1 = 91	C2 = 91	C3 = 73
Type "B"	B1 = 55	B2 = 55	-
Type "A"	A1 = 8	A2 = 8	-

Beneficiaries desirous of availing car parking are requested to convey their requirement in the enclosed Option Form (Annexure-II) which should be submitted to this office through post on or before **08/04/2024**.

Note: It may be noted that the car parking will be allotted to the beneficiaries in their respective blocks only. For e.g. beneficiary of D-1 block will be allotted car parking in D-1 block only. If the total requirement of parking space exceeds the total number of parking(s) in a particular block, the parking space will be allotted through draw of lots only.

5. The draw will be done as per following schedule and the Result of draw of lots will be notified at CGEWHO website for information to the beneficiaries:

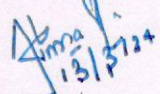
Type of flat	Total No. of Dwelling Unit / Flat	Day & Session
Venue: Chennai (Phase III) Housing Project Site		
A (1 BHK)	400	Starting at 1000 Hrs. on 25/04/2024 (Thursday)
B (2 BHK)	240	Starting at 1000 Hrs. on 26/04/2024 (Friday) in pre-lunch session.
D (4 BHK)	240	Starting at 1400 Hrs. on 26/04/2024 (Friday) in post-lunch session.
C (3 BHK)	340	Starting at 1000 Hrs. on 27/04/2024 (Saturday)

6. In case, the dully filled & signed Option Form is not received in this office by **08/04/2024**, it shall be presumed that the beneficiary is neither interested in preferential allotment of DU on medical grounds nor have any requirement of Car parking. Please note that, the allotted DU/parking cannot be changed once the allotment of specific flat/parking has been done through draw.

7. It is also intimated that it has been decided to freeze the equalization charges as on the last date of the fifth installment i.e. 06/11/2023. Accordingly, demand letter calling for payment of equalization charges, where-ever applicable, is being issued shortly.

अशोक कुमार/ASHOK KUMAR
उप.निदेशक(प्रशासन) Dy. Director (Admin)
केन्द्रीय सरकारी कर्मचारी कल्याण आवास संगठन
Central Govt. Employees Welfare Housing Organisation
छठा तल ए खण्ड, जनपथ भवन/6th Floor, A Wing, Janpath Bhawan
जनपथ, नई दिल्ली-११०००९/Janpath, New Delhi-110001

Yours faithfully


(Ashok Kumar)

Dy. Director (Admn.)
for Chief Executive Officer

P.S. : The option form (Annexure I, II & III) should be sent separately and not clubbed with any other query/ payment etc.

LAST DATE TO SUBMIT OPTION AT CGEWHO'S HEAD OFFICE: 08/04/2024

**OPTION FOR PREFERANTIAL ALLOTTMENT ON DISABILITY GROUND & CAR PARKING
CHENNAI (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. CM/ / under Chennai (Phase III) Housing Scheme.

Dear Sir,

With reference to your letter No.A-110/7 dated 13/03/2024, I may be considered for allotment of DU at lowest floor on disability ground as mentioned below. I am forwarding the requisite documentary evidence as required for kind consideration by the 'Medical Committee'.

S.No.	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 Car Parking in stilt floor (Please tick mark on the option, if opted for car parking) at the cost of Rs.2.50 lakhs. Payment of which will be called subsequently.

a) Option for Car Parking

3. I agree to abide by the decision of the Chief Executive Officer, CGEWHO, in respect of allotment of specific flat/ floor/parking as a result of the draw of lots, to be held at Project Site at Chennai. Please see Annexure III for format of PwD certificate.

Yours faithfully,

Signature :

Name : _____

Address : _____

LAST DATE TO SUBMIT OPTION AT CGEWHO's HEAD OFFICE: 08/04/2024

OPTION FOR CAR PARKING :: CHENNAI (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. CM/ / _____ under Chennai (Phase III) Housing Scheme.

Dear Sir,

With reference to your letter No.A-110/7 dated 13/03/2024, I may be considered for allotment of car parking under stilt floor (Please tick ✓ mark on the option, if opted for car parking) at the cost of Rs.2.50 lakhs. Payment of which will be called subsequently.

a) Option for Car Parking

3. I agree to abide by the decision of the Chief Executive Officer, CGEWHO, in respect of allotment of specific flat/ floor/parking as a result of the draw of lots, to be held at Project Site at Chennai.

Yours faithfully,

Signature :

Name : _____

Address : _____

LAST DATE TO SUBMIT OPTION AT CGEWHO'S HEAD OFFICE: 08/04/2024

TYPICAL PERFORMA OF THE CERTIFICATE

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL issuing the certificate.

Certificate No.....

Date:.....

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt/Kum.....
Son/wife/daughter of ShriAge
old male/female, Registration No. is a case of
He/She is physically disabled/speech & hearing disabled and has%
(.....per cent) permanent (physical impairment/ visual impairment/
speech & hearing impairment) in relation to his/her
.....



Note:-

1. This conditions 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.

Name & Signature

Name & Signature

Name & Signature

(Doctor)

(Doctor)

(Doctor)

Seal

Seal

Seal

Signature/Thumb Impression of the patient.

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

Recent attested