

Central Government Employees Welfare Housing Organization
6th Floor, 'A' Wing, Janpath Bhawan
New Delhi-110 001

Phone : (011) 23717249 / 23739722 / 23355408 Fax: (011) 23717250
E-Mail : cgewho@nic.in

No. T-701/3

By Mail/Speed Post

Date : 30/07/2012

To all beneficiaries of Bhubaneswar (Phase-I) Housing Scheme

Subject: **Allotment of specific floors / flats and Parkings in CGEWHO's Bhubaneswar (Phase I) Housing Scheme.**

Sir/Madam,

We are pleased to inform you that the Bhubaneswar (Phase I) project is in advanced stage of construction. 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) from CGEWHO, including one Representative of M/o HUPA as member and in the presence of all beneficiaries as per Para 24 of CGEWHO Scheme Brochure : Part-B. The floor/flat allotted by the 'Draw Committee' shall be final, cannot be changed.

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. In case of Bhubaneswar (Phase I) Housing Scheme, the reservations shall be as under :

Type	Config-uration	Total DUs (in No)	DUs in First Floor (in No)	DU under Reservation (in No)	Car Parking under stilts (in No)
A (1BHK)	Stilts+4	32 (in 2Blks)	8	1	20
B (2BHK)	Stilts+4	112 (in 7Blks)	28	1	112
C (3BHK)	Stilts+4	64 (in 4Blks)	16	1	64
D (4BHK)	Stilts+4	48 (in 3Blks)	12	1	54
TOTAL		256	64	4	250

(b) **Qualifying Criteria:**

- i. Orthopedically Handicapped – Severe (75% and above disability)
- ii. Visually Handicapped – Severe (75% and above disability)
- iii. Mental illness – Severe (75% and above disability)

(b) **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 :

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. For the specimen format, you may like to visit <http://www.disabilityindia.org/locomotor.cfm> or <http://www.disabilityindia.org/mr.cfm> or <http://www.disabilityindia.org/cert1.cfm>. However, a specimen format is reproduced in the back side of 'Option Form'.

(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 at least two Doctors of the Government Hospitals with other member(s), who will examine all the entitled applications.

4. **250 car parking under stilt(s)** are available for allotment against 256 dwelling units of various categories, at an additional cost of Rs.1,48,000/- (Rupees One lakh forty eight thousand only) as mentioned in the footnote no. (iii) of para 5 of Part 'A' of Scheme Brochure.

5. You are requested to convey your requirement of parking, in the enclosed proforma and return it to this office latest by **31/08/2012**. In case, the completed proforma is not received in this office by **31/08/2012**, it shall be presumed that the beneficiary is neither interested in preferential allotment on disability (medical) ground nor have any requirement of Car Parking. Allotment of specific flat/Parking under stilt will be decided after analyzing the requirement of car parking from the allottee(s). Allotment of specific flat/Parking once made by the respective committee, cannot be changed/surrendered later.

6. Please note that a computerized draw will be held at New Delhi in Head Office of CGEWHO by a Committee of Officers with a representative from Ministry of Housing & Urban Poverty Allievation. An intimation letter will be sent to all beneficiaries and web-published communicating the Schedule of computerized draw with the names of officers of the 'Draw Committee' to witness conduct of draw.

7. **Withdrawal from the Scheme:** As per Para-25 of the 'CGEWHO Rules-Part:B', beneficiaries withdrawing after the allotment of specific flats/ floors would be charged withdrawal charges @ 20% of the first installment which may please be noted.

Yours truly,

M K Maity
Deputy Director (Administration)
For Chief Executive Officer

E-Mail : cgewho@nic.com ; Phone : (011) 23327012

N.B. :

- The Proforma 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(e) of this letter.

(Encl. to Ltr.No. T-701/3 dated July 30, 2012)

OPTION FOR PARKING :: BHUBANESWAR (PHASE I) HOUSING SCHEME

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

Date :

Subject : My Registration No. BH/ / under BHUBANESWAR (Phase-I) Housing Scheme.

Sir,
With reference to your letter No.T-701/3 dated July 30, 2012, 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 Person	
(ii)	Relationship with beneficiary	
(iii)	Type of sickness	
(iv)	%age of dis-ability	
(v)	Any other details (Attach medical certificate duly signed by HOD of a Govt. hospital)	

2. Further, I may be considered for allotment of Car Parking under stilts: *{please ✓ tick mark any one option}*.
a) CAR : _____ {YES/NO} 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 computerized draw, to be held at New Delhi and to be notified & published in the Website.

Yours faithfully,

Details of enclosures :

Signature :

Name : _____

Regn. No. : _____

Address : _____

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.