

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

To,

Date :

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

Subject : My Registration No. PJ/ / _____ under MOHALI (PHASE I) Housing Scheme.

Sir,

With reference to your letter No. A-506/6 dated January 5, 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 Covered Car Parking space:
{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 draw of lots, to be held at New Delhi and to be notified & published in the Website.

Yours faithfully,

Name : _____

Regn. No. : _____

Address : _____

NB: Please see the Govt. of India format of Disability certificate for allotment of lowest floor and apply, if % of disability is more than 75%.

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt./Kum/wife/daughter of Shri _____ Age _____
_____ old male/female, Registration 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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