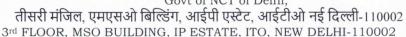


लोक निर्माण विभाग सचिवालय, PUBLIC WORKS DEPARTMENT SECRETARIAT, दिल्ली सरकार

Govt of NCT of Delhi,





F.4/Committee/Medical/PWD/2023/10055-10076

Dated: 24-09-2023

OFFICE MEMORANDUM

Sub: Inviting applications for Allotment of Government Accommodation under Medical Pool.

PWD, GNCTD has decided to invite application from desirous applicants for allotment/change of allotment under Medical pool of government accommodation to be scrutinized by Medical Committee.

The allotment of government accommodation under Medical Pool will be done as per the guidelines issued vide notification dated 21.11.2014.

The desirous applicants for allotment/change of allotment under Medical pool are required to submit the application in the prescribed Performa alongwith duly attested following documents:

- 1. Initial joining order/ Taken on strength order
- 2. Recent salary pay slip
- 3. Promotion order/Pay Fixation order
- 4. Medical certificate issued by any Government Hospital for the purpose of allotment/change of government accommodation.

The details of vacant government accommodation available under Medical Pool and Physical Disability Pool are as under:

Government accommodations available for Medical Pool

S. No.	Locality	Type-I	Type-II	Type-III	Type-IV
1.	Gulabi Bagh		993 (GF)		1643 (FF)
2.	Hari Nagar			A-24 (GF)	
3.	Rohini			98 (GF)	
4.	Timarpur		185 (GF), 645 (GF)		
			294 (FF), 570 (FF)		
5.	Kalyan Vas	F-2, Block-39 (FF)			
		F-1, Block-40 (FF)			
		F-2, Block-40 (FF)			
6.	Sindhora		154 (GF)		
	Kalan				
7.	Vikaspuri				B-09 (FF)
	Total	3	6	2	2

ALI 24/8/23

Terms and Conditions:

- 1. All desirous officers/officials of Govt of NCT of Delhi who are working in ELIGIBLE OFFICE can apply in prescribed Performa attached as Annexure-1 for allotment accommodation.
- 2. Allotment will be made on the basis of allotment rules governed under Delhi Allotment of Govt Residence (General Pool) Rules, 1977.
- 3. All applications which are received through the concerned Heads of Office in prescribed Performa along with duly attested documents, will only be entertained.
- 4. All offline applications (if any) received prior to issuance of this OM shall stand cancelled hence, employee has to apply fresh.
- 5. The application received from ineligible employees will be rejected summarily.
- 6. Duly filled application in prescribed format in hard copy is to submitted at Help Desk, PWD, 3rd Floor, MSO Building, Delhi.
- 7. For any doubt/query please contact Helpdesk of PWD on **011-23390040/23390045**.

To,

All ACS/Pr Secretary/Secretary/ HODs, Govt of NCT of Delhi (with a request to kindly brought this OM to all eligible officers/officials working in your office/institution.)

(ASHISH KUMAR)
Deputy Secretary, PWD

F.4/Committee/Medical/PWD/2023/10055-10076 Dated: 24-08-2023

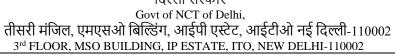
Copy for information and necessary action:

- 1. OSD to Hon'ble Minister, PWD, 6th Floor, Delhi Secretariat, IP Estate, New Delhi-110002.
- 2. SO to Chief Secretary, Delhi, 5th Floor, Delhi Secretariat, IP Estate, New Delhi-110002.
- 3. PS to Secretary, PWD, 5th Floor, Delhi Secretariat, IP Estate, New Delhi-110002.
- 4. PS to Special Secretary, PWD, 5th Floor, Delhi Secretariat, IP Estate, New Delhi-110002.
- 5. All members of Allotment Committee, 5th Floor, B-Wing, Delhi Secretariat, Delhi.
- 6. All DS/AHC/AD/SO, PWD, 5th Floor, Delhi Secretariat, IP Estate, New Delhi-110002
- 7. Concerned AEs/JEs of DA Flats Complex for publishing on notice board.
- 8. Asstt Programmer, PWD with the direction to upload this OM on PWD website and arrange to circulate the OM in public domain in various platform through digital mode of communication.

(ASHISH KUMAR) Deputy Secretary, PWD



लोक निर्माण विभाग सचिवालय, PUBLIC WORKS DEPARTMENT SECRETARIAT, दिल्ली सरकार





FOR MEDICAL POOL ONLY

Only one application to be submitted for all eligible House Types

To be filled up by	Application Number	Date of Receipt					
Allotment Branch.							

Photo (passport size)

TO BE FILLED UP BY THE APPLICANT

Please follow the instructions given at the end of this Form before filling up this form. Incomplete application will not be accepted /processed.

1. Full Name of Applicant Shri / Smt. /						t. /	Dr.																				
(In Block Letters)							/ E	r. / Km	1 / I	Ms.																	
2. Name of Father /Spouse																											
3. Designation																											
4. De	part	ment/ (Orga	niza	ion	1																					
5. Mi	nistr	y /Stat	e Go	vern	me	nt																					
6. Ar	e yo	u entitl	ed f	or Ho	ouse	e Rer	ent Allowance (HRA)								8. Service Status												
		Yes					No									Temp	orary	7			Permanent						
7.	a) P	resent	Gra	de Pa	ıy (l	Rs)														-							
	b) F	Present	Pay	Lev	el																						
	c) P	resent	Gra	de Pa	ıy C	Conti	nuo	usly di	aw	ing f	rom	1						-				-					
8.	a) l	Date of	Bir	th										b) Date of retirement on Superannuation													
			_				_								-				_			_					
9.	a) l	Date fr	om v	whic	ı co	ontin	uou	sly em	plo	yed i	n G	ovt.				b) Dat	e fro	m wh	ich c	onti	nuou	sly p	oste	d in	the	prese	nt
Service															City												
			_	-			_												_			_					
10.	Se	X						13. Ma	rit	al Sta	itus	<u> </u>						11.			C	ateg	ory				l
Male Female											Sing	gle						M.P PD									
				Ma	rrie	ed	Widow Widower						Divorcee														
12. a) Are you on deputation to b) if yes since the d						date	ate 13. Are you debarred form allotment of Govt. Residence?							nent of													
GNCTD Yes No							1										Yes	vi. F	cesia	ence		Vo					
					-					_			_						_ • • •								

14. AREA OF P	REFEFERI	ENCES OF ALLOTMEN	NT.						
		House No.		Locality					
Preference Order	I								
Preference Order	II								
Preference Order									
Preference Order	IV								
Preference Order	V								
			l l						
15. Address of P	lace of Duty	of the Applicant	16. Perman	ent / Home Town address as per service record					
Phone No.			Phone No.						
Mobile No.			Mobile No.						
E-Mail			Fax No.						
			1 4411101						
17. Please tick ()	the documer	its enclosed							
(a) Initial Joining (Order Copy	(b) Recent Salary Slip	(c) Promotio	n Order Copy/Pay Fixation order (d) Photo ID Card					
(e) Physical Disab	ility Certific	ate	(f) Medical Certificate issued by Government hospital						

Declaration by the Applicant

- I agree to abide by the Allotment of Government Residences (General Pool in Delhi) Rules, 1977 amended A. from time to time or relevant allotment rules as applicable. I am working in an eligible office located in GNCTD.
- B.
- I am aware of the penalties, which can be imposed in the event of refusal of acceptance of allotment of C. accommodation of the entitled type under SR-317-B-10 or furnishing of false information, subletting/misuse of the premises under SR-317-B-21.
- Non-Acceptance of Allotment will be debarred for 03 months from the Date of Allotment. D.
- Mobile No. and Email ID are mandatory. E.

Signature of applicant	
Name	
Designation	

TO BE FILLED IN BY THE FORWARDING OFFICE

Office											
Name of Applicant											
Designation											
Date of continuous employmen	nt of the applicant under Go	vt. Service	Present Grade Pag	y	Present Pa	ay Level					
Marital Status of the Applicant											
Unmarried	Married	Widow		Widower		Divorcee					
 a) Certified that the applicant is employed in an eligible office and has not been debarred from allotment of General Pool accommodation. b) Certified that the applicant is entitled / not entitled to rent fee accommodation. c) Certified that all the information mentioned by the applicant in his application and mentioned above by the undersigned are verified from the records and found to be correct. 											
Note: - Forwarding Officer should	d also sign at the bottom ofeach	page of the	Application filled up by	y the Applicant.							
Signature with Date: Name											

INSTRUCTIONS

1. This from is for Initial ALLOTMENT only for change Allotment, Please fill up the change Allotment Form.

Designation Phone

- 2. Please fill up the form in BLOCK LETTERS only.
- 3. Fill dates as day (01-31) month (01-12) & year (2009) in the format –DD-MM-YYYY.
- 4. Please tick () wherever required to do so.
- 5. Pools have been coded as follows:

Office Seal

- **G P:** General Pool **M P:** Medical Pool **S C:** SC Pool **ST:** ST Pool.
- 6. Please ensure that the application is complete in all respect, signed by the applicant, and forwarded and stamped by the forwarding Officer of your office
- 7. The completed application must be submitted by the applicant in person or though his/ her representative at the information Centre of the Allotment section of PWD & Housing at 5th floor B- Wing Delhi sect New Delhi.
- 8. Registration number and allottee Account Number (AAN) must be filled up if already allotted by this office.
- 9. The date of priority for drawing waiting List in respect of Type 1 to 4 accommodation shall be the Date of joining the Government service andfor Type IV & above the date on which an officer starts drawing the relevant Grade Pay in the G N C T D.
- 10. Incomplete application will not be accepted /processed.