Sub: -	Regularization of Govt. Accommodation No Type, Delhi Admn. Flats, Delhi.						
Sir / M	dam,						
	With reference to your application dated on the subject cited above, you are						
directe	to furnish the following documents / information for further considering the case:-						
1.	An affidavit in original duly attested and stamped by Magistrate as per proforma enclosed.						
2.							
3.							
4.	Certificate in original issued by DDO to the effect that you are not drawing HRA since the date of your appointment & salary certificate showing Grade Pay.						
5.	Copy of order of superannuation. 6. Death certificate / death notification.						
1.	Copy of Ration Card. 8. Election Identity Card. 9. Office Identity Card.						
10.	No dues certificate issued by AAO (RRC) in respect of Qtr No as on the date of retirement / death.						
11.	No Dues Certificate issued by AAO (RRC) in respect of Qtr. No						
12.	Proof of Sharing Govt. Accommodation with the retiring / deceased person for the last 6 months / 3 years.						
13.	Photocopy of Pass-book of licence fee in respect of Sh						
14.	Copies of Allotment letter & occupation report in respect of Qtr No.						
15.	Copy of vacation report in respect of Qtr. No.						
16.	Pay the outstanding dues of Rsas on						

Please note that all the photocopies should be attested by a Gazetted Officer. The above said documents / information should reach to the undersigned within 15 days from the date of issue of the letter failing which market rent shall be imposed on you and eviction proceedings will be initiated to vacate the Govt. Accommodation.

## Govt. of NCT of Delhi PWD & Housing

Delhi Secretariat, New Delhi
Application for Regularization of General Pool Residential Accommodation for Dependent
(Death/Retirement of Allottee)

INSTRUCTIONS:	l up the form in BLOCK LE l up DE-2 Form also, if not a	TTERS only.	To:	The Secre	fary				
Fill dates (2002)in Please tic	2)& year ted /processed.	PWD & Housing  • Delhi Secretariat, New Delhi							
	Reason for Regul	arization .						•	
Death of Allottee	Retirement of Allottee	Date of Death	h / Retire	ntent of	(To I	Dat be filled up	te of Receipt by PWD, E	t Delhi Sectt.	
			•						
Regist	ration N. I. G.	Applic	ant's Det	ails					
	ration Number of Applican o be filled up if allotted) .	nt ·	Allottee Account Number (AAN) (To be filled up if allotted)			er (AAN)			
I. Name	Shri/Smt./Km/Ms	./Dr.							
2. Designation			1	3 Date of	appointment			1,843	
4. Department / Organ	nisation			(Enclose	documentary p	roof)			
5. Address of Place of	Duty of the Applicant			•					
- Indee of	Duty of the Applicant		6. Rela	tionship wit	h the Allottee	(Enclose [	Documentary	Proof)	
			0	since the aper in the Gomentary pro	oplicant has be vernment quar	en residing ter allotted	g with deceas I to him/her	sed/retired (Enclose	
Phone	Fax		1 0 11	-					
E-mail			8. Hous	e Rent Allo	wance not drav	vn since ((	n since ((Enclose documentary		
		•		-					
. Registration Number of Allottee (Printed in Allotment Letter)			Allottee Details .  Allottee Account Number (AAN) Date of Canc (To be filled up if allotted)			te of Cancel	llation		
			(10 be iiii	ed up it allo	otted)				
9. Allottee			Shri/Smt./Km/Ms./Dr.						
0. Designation									
1. Department/Organi	sation								
2. Quarter Allotted by	PWD & Housing								
уре	Locality	Sector	Block		Quarter No				
			Bioti		Quarter No		House IE	)	
3. Provisional Clearan	ce from RRC (PWD) upto	1							

## DECLARATION BY THE APPLICANT

member of housing A declaration bond An affidavit on not Public in the preser I shall keep the fan I undertake to clea allotted to him / het No Objection Certi husband as the case	I declare that no other family member of the deceased / retired officer, who is allottee of the present Government accommodation, has applied or will apply for out-of-turn allotment of accommodation on this ground. I also declare that I, my wife, children or any other person dependent on me, do not own house or a plot of land a member of housing society in Delhi or within the limits of any local or adjoining municipality. A declaration bond in prescribed form duly filled-in, is enclosed in Appendix-I.  An affidavit on non-judicial stamp paper of Rs. 10/- made by me before a Magistrate / Oath Commissioner / Notary Public in the prescribed proforma is enclosed in Appendix-III.  I shall keep the family of deceased / retired officer in the quarter to be allotted to me on adhoc basis. I undertake to clear all the rental arrears due from the deceased / retired officer, in respect of the accommodation allotted to him / her, till complete vacant possession of the said house is handed over to the PWD.  No Objection Certificate for adhoc allotment of General Pool accommodation to me from my father / mother / wife or husband as the case may be is enclosed.  I hereby declare that my appointment in the Ministry / Office of the						
	vernment of India in Delhi.	·w.e.f.	is the first				
appointment in Gov	reminent of India in Delhi.						
Date:		Signature of the Application:					
Department Code	Endorsement No.	Date					
Office Name							
rtified as shown in the office	record that:	elhi. The facts stated by the applicant a	are correct. This is also				
Shri/Smt./Kmdrawing House Renfather / mother	nt Allowance not having drawn it	/ has refunded it, during the last three y					
Shri/Smt./Kmdrawing House Ren father / mother sinceIn the case of an a transferred to the pl date of appointed or has been residing w deceased / retired G transfer.	officer appointed within a period ace of posting of the deceased / retired Government servant and that he/sh	/ has refunded it, during the last three yeath and he has been living d of three years preceding the date of etired Government servant within the preable for the purpose. It may, therefore, the servant prior to his / her transfer to the has not been drawing House Rent Allo	_has neither been ears preceding his / her with him / her  Death / Retirement of eceding three years, the be certified that he / she the place of posting of wance since the date of				
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Copy of appointment letter/order.

## TO BE FILLED IN BY THE OFFICE OF THE DECEASED/RETIRED OFFICER

Бер	partment Code	I III I I I I I I I I I I I I I I I I	Endorsement No.		Date		
0	ffice Name	10				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		•					
	7.7						
12. Name of the deceased / retired Government Officer		Shri/Smt./Km/Ms./Dr.					
13. Designation							
. Date o	of Death /						
	s of the Family as pe	er Service Records			2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
- /-	·	Service Records					
l.No.		Name		Relation	Whether Entire	ely Dependent	
	What at a					E THE	
	Whether the deceased/retired Officer was sanctioned House Building Advance				YES	NO	
16.	If yes, particulars of the house/flat etc. constructed or purchased						
17.	Was the deceased	the deceased/retired Officer otherwise owning a house in his name or in the of any member of his family as per Service Records			YES	NO	

	Signature with Date:
	Name
	Designation
	Phone
	E-mail .

Office Seal