

GOVT. OF NCT OF DELHI
PWD & HOUSING (ALLOTMENT BRANCH)
5TH LEVEL, "B" WING, DELHI SECRETARIAT,
NEW DELHI

Application for Change of Accommodation under S.R.317-B-15

Ground for Change	Regular	Unsafe	Medical	Area Restriction for Fresh Allotment	Modification in Priority	Other
Registration Number (To be Filled up the applicant if already registered)				Allottee Account Number (AAN) (To be filled up the applicant if allotted)		
Change Registration Number (To be filled up the applicant in case of Modification of Change)				Date of Receipt (To be filled by Directorate of Estates)		
TO BE FILLED UP BY THE APPLICANT						
INSTRUCTIONS:-						
<ul style="list-style-type: none"> ➤ Please fill up the form in BLOCK LETTERS only. ➤ Fill dates as day (01-31), month (01-12) & year (2002) in the format DD-MM-YYYY. ➤ Please tick () wherever required to do so. ➤ Applicants should confine their request for change only in respect of colony, locality, floor (ground/first floor etc.). Any other preferences mentioned in the application will be ignored. ➤ Please fill up separate DE-4 form for fresh allotment for another type. ➤ Application for Change Will be not considered within six month of initial allotment Change of Accommodation is not allowed before six month of superannuation ➤ Change to a Location will be given only if the date of Joining (DOP) of the applicant is covered in the last allotment of the Locality in General Pool. ➤ Incomplete application will not be processed/accepted 						
1. Name		Shri /Smt/Km/Ms/Dr				
2. Designation with Grade Pay						
3. Department/Organization						
4. Accommodation of PWD & Housing Currently occupied and earlier allotment, if any .						
Type		Locality		Sector	Block	Quarter No
Date of Priority / Date of Joining		Date of Retirement		Date of Occupation		
Pool Under Which You were allotted accommodation		GP	SC	ST	Medical	
5. If any Change of Accommodation was allowed before						YES
						NO
Quarter Type in case of Area Restriction for Allotment						
Locality		Sector		Block		Floor
a)						
b)						
c)						
6. Address of Place of Duty of the Applicant				7. Permanent address as per service record		
Phone				Phone		
E-mail				Fax		

8. In case, Change is requested on Medical Grounds, please fill-up the following:					
a)	On Medical Grounds of		In case of Dependent		
	Self	Dependent	Name of Dependent		
			Relation with Applicant		
	Whether the Certificate showing the relationship between Applicant and Patient attached			YES	NO
b)	Disease				
	Whether Original copy of the Medical Certificate is attached?			YES	NO
	Whether Photo and Signature of Patient and number of DGEHS Card of the applicant are on the Certificate			YES	NO
	In case of Physically Handicapped, whether Full Photograph showing Disability / Deformity is affixed on the Certificate?			YES	NO
c)	Have you applied earlier for ad-hoc allotment on medical grounds?			YES	NO
	IF YES, then give full details				

DECLARATION

- (a) I have not availed change of residence earlier in the type of accommodation presently occupied by me.
- (b) This is the first application for such a change.
- (c) This application is in modification of the preferences given by me vide registration No.

Date: -----

Signature of the Applicant:-----

TO BE FILLED IN BY THE FORWARDING OFFICE

Office ID		Endorsement No		Date	
Office Name					

Forwarded to the PWD & Housing, Delhi Secretariat 5th level B-Wing New Delhi -110002.

It is certified that licence fee is being deducted regularly from the salary of applicant since occupation of present accommodation.

Signature with Date: _____

Name _____

(Office Seal)

Designation _____

Phone _____

E-mail _____