

Government of India
Directorate of Estates

Application for Ad-hoc Allotments on Medical Ground

INSTRUCTIONS: > Please fill up the form in BLOCK LETTERS only. > Please fill-up DE-2 Form also, if not already submitted. > Fill dates as day (01-31), month (01-12) & year (2002) in the format DD-MM-YYYY . > Please tick (✓) wherever required to do so.				To: Directorate of Estates Nirman Bhawan New Delhi - 110011		
Registration Number of Allottee (To be filled up if allotted)		Allottee Account Number (AAN) (To be filled up if allotted)		Date of Receipt (To be filled by Directorate of Estates)		
Applicant's Details						
1. Name	Shri / Smt. / Km / Ms. / Dr.					
2. Designation						
3. Department / Organization						
4. Ministry						
5.	Details of Medical Ground					
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 token number of CGHS Card of the applicant are on the Certificate ?				YES	NO
	In case of T.B., whether X-RAY is attached ?				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 ?					
	If YES, then give full details					
d)	Have you been allotted Government accommodation on medical grounds earlier?					
	If YES, then give full details					
e)	Whether specific recommendation from Head of the Department / Joint Secretary (Administration) / Secretary to Government of India is enclosed ?				YES	NO

Declaration by the Applicant:

I agree to abide by the Allotment of Government Residences (General Pool in Delhi) Rules, 1963 as amended from time to time or relevant allotment rules applicable.

Date: _____

Signature of the Applicant: _____

TO BE FILLED IN BY THE FORWARDING OFFICE

Department Code		Endorsement No.		Date	
Office Name					

1. Certified that particulars furnished by the applicant have been verified from records and found correct.
2. It is also certified that the applicant is employed in an eligible office located in an eligible zone.

Signature with Date : _____

Name _____

Office Seal

Designation _____

Phone _____

E-mail _____