

9. 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 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 ?				YES	NO
	If YES, then give full details					
d)	Have you been allotted Government accommodation on medical grounds earlier?				YES	NO
	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

- (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 Serial No. _____ of the Waiting list for the month of _____ 20_____.

Date: _____

Signature of the Applicant : _____

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TO BE FILLED IN BY THE FORWARDING OFFICE

Department Code		Endorsement No.		Date	
Office Name					

Forwarded to the Directorate of Estates, New Delhi-110011. The facts stated above are correct.

Signature with Date : _____

Name _____

Office Seal

Designation _____

Phone _____

E-mail _____

Please contact **Information Facilitation Centre** at Nirman Bhawan (Ground Floor, Near Gate No.2) for any allotment related information on any working day between 10.30 AM to 4.30 P.M.
E-mail : estate@nb.nic.in Web-site: <http://estates.nic.in> Phone No. : 3022199 Ext. 2890