## OFFICE OF THE PR. ACCOUNTANT GENERAL (AUDIT) PUNJAB, CHANDIGARH

#### CIRCULAR

Office Order No. EMS/Allotment/Medical/2018-19/ 08

Dated:- 06-09- 2018

Subject: Allotment of ground floor accommodation on medical basis.

Applications are invited from eligible employees of IA&AD who are desirous of taking ground floor accommodation in Audit Pool Colony, Sector 41 & 42, Chandigarh on medical grounds of self or family. *"Family means the wife or husband, as the case may be, and children, step children, legally adopted children, parents, brothers or sisters as ordinarily reside with and are dependent on the officer".* The applicant should attach copy of Office Order etc. to prove the claim of dependent relatives. Applications must reach the respective Welfare Section of the concerned offices latest by 30th September, 2018, who in turn shall forward the same after verification by the Welfare Officer/Administration officer to the Estate Management Section by 15th October, 2018. The applicant should submit medical certificate (duly countersigned by Medical Superintendent) issued not earlier than 31.12.2017 by the GMCH-Sector 32/GMSH-Sector-16/PGI-Sector12, Chandigarh and should also submit residence proof i.e. copy of Adhaar Card etc. or Affidavit to the effect that the family member, whose medical certificate has been submitted, ordinarily resides with him/her. Welfare Officer/Administration officer of the concerned offices shall verify the facts mentioned in the prescribed application form (copy enclosed) before forwarding the application of those applicants who apply on the ground of ill health of dependents staying with the applicant.

-Sd-

**Estate Officer** 

## Endst. No. EMS/Allotment/Medical/2018-19/ 1383-91

Dated: 06-09-2018

Copy forwarded to:

1. Welfare Officer, O/o the Pr. Accountant General (Audit), Punjab, Chandigarh.

2. Welfare Officer, O/o the Pr. Accountant General (Audit), Haryana, Chandigarh.

3. Welfare Officer, O/o the Pr. Accountant General (A&E), Haryana, Chandigarh.

4. Welfare Officer, O/o the Accountant General (A&E), Punjab & U.T, Chandigarh

5. Sr. Audit Officer (Admn), O/o the Pr. Director of Audit (Central), Chandigarh

6. Sr. Accounts Officer (Admn), A&E (UT) Sub-office.

7. Notice Board

8. Website of AG Punjab.

9. Office order file.

37201 619/18 Sr. Audit Officer (EMS)

# APPLICATION FOR ALLOTMENT OF RESIDENTIAL ACCOMMODATION ON MEDICAL GROUND IN THE AUDIT POOL COLONY FOR TYPE I TO IV DURING ALLOTMENT PERIOD 01/01/2019 TO 31/12/2019

Dates at a glance	
Application date for submission of form by applicant to Welfare Section	30-09-2018
Last date for submission of forms by Welfare Section to EMS	15-10-2018
Applicant already having User-ID must also apply in this Performa.	

## To be filed in by applicant

SR NO		PARTICULARS	
1		Name (in block letters) *	
2		Designation *	
3		Office *	
4		Employee Code*	
5	a	Grade Pay as per pre-revise scale as on 01.07.2018*	
	b	Pay Band *	
	с	Level *	
		Date from which continuously employed under *	
	d	Central Government including foreign service. If any	
		i.e. Date of Priority (attach proof).	
	e	Date of promotion *	-
	f	Date of Priority *	
6	a	Date of Birth *	· · · · · · · · · · · · · · · · · · ·
	b	Date of superannuation *	
7	a	Sex (Male /Female)	
	b	Category (SC/ST/Others)	λ.
8		E mail address *	
9		Mobile number *	
10		Aadhaar Number*	
11		PAN number*	
12		Whether temporary/permanent	
		Are you/ your spouse occupying *	
13	a	accommodation, in Audit Pool colony or any other	Yes No
		departmental pool	
	b	If yes, fill in the name of the pool	
		Name of allottee	
		Quarter No and Type of accommodation	
		Address in Chandigarh (if any)	
		Number of members residing with you who will	
14		continue to do so on your allotment of Government	
		Accommodation	

\*are mandatory fields and are compulsorily to be filled.

-			-			
15.	Please fill -up the following: *					
a)	On Medical Grounds of:	Self	~	Dependent		
	n case of Dependent					
	Name of Dependent					
	Relation with Applicant					
		icate along with the relat	tionship be	etween Applicant and Patient	YES	NO
	attached					
	Whether the patient is decl	ared as dependent in official	ce record (	(attach copy of office order)	YES	NO
	Proof of residence showing the dependent is staying with the employee (attach copy of Aadhaar card/Ration					
	card/any other proof).					
	Disease					
1	In case of Physically Handicapped, whether Full Photograph showing Disability / Deformity is				YES	NO
	affixed on the Certificate?				1113	NO
(c)	Have you applied earlier for ad-hoc allotment on medical grounds?			YES	NO	
	If YES, then give full details					
(b)	Have you been allotted Government accommodation on medical grounds earlier?			YES	NO	
	If YES, then give full details					

\*These fields are to be filled compulsorily

### **DECLARATION**

Ι	I solemnly affirm and declare that the information given above is correct to the best of my knowledge and no
	part thereof is false or concealed.
II	I shall abide by the provisions of the IA&AD Allotment Rules, 2006 as amended from time to time.
III	I understand that decision of the Estate Officer shall be final.

Date:

Office Seal

Signature of the Applicant: \_\_\_\_\_

#### TO BE FILLED IN BY THE FORWARDING OFFICER (Welfare Officer/Administration Officer)

Department Code	Endorsement No.	Date
office name and place		
of duty of applicant	-	

Certified that particulars of the applicant have been verified from records and found correct. It is also certified that the applicant is employed in an eligible office. Application is forwarded to the Estate Management Section, office of the Principal Accountant General (Audit), Punjab, Sector-17 E, Chandigarh 160 017 for necessary action.

Signature with D	ate:
Name	
Designation	
Phone	
E-mail	

Please contact **Estate Management Section**, Second floor, Audit Bhawan, office of the Principal Accountant General (Audit), Punjab, Sector 17-E, Chandigarh 160017 for any allotment related information on any working day between 03.00 PM to 4.30 P.M.

Web-site: http://www.estatepagpb.org

Phone No. : 0172-2759232