

To,

The Registrar General,
High Court of Delhi,
New Delhi

Subject: **Acceptance** of Govt. Accommodation vide registration No.
_____in respect of House ID No._____, Type-
____, Quarter No. _____, _____, New Delhi.

Sir,

Kindly forward my Directorate of Estate, Nirman Bhawan, New Delhi
prescribed form for **Acceptance** of govt. Accommodation and surety bond vide
registration No._____in respect of House ID
No._____,Type____,QuarterNo:_____,_____
_____, New Delhi, in my name.

Thanking You,

Yours faithfully,

Dated:

Name:

Designation :

Employee ID:

APPENDIX V

ADDITION/DELETION TO FAMILY (IN DUPLICATE) CHANGE OF NAME

1. No. of the CGHS Card :
2. Name of the Govt. Servant :
3. Ministry/Deptt./Office in which employed :
4. New Addition or deletion :
5.

S. No.	Name	Date of Birth	Relationship
--------	------	---------------	--------------
6. Signature/Thumb impression of Govt. Servant :
7. Signature of the Medical Officer Incharge Dispensary :
8. Signature & Designation of Issuing Authority :

Dated:

TRANSFER OF DISPENSARY

1. No. of the Identity Card :
2. Name of Govt. Servant :
3. Ministry/Department/Office in which employed. :
4. Previous residential address and dispensary from which transferred. :
5. New residential address :
6. Signature/Thumb impression :
of the Govt. Servant.
7. New dispensary allotted by the issuing authority :
8. Signature & Designation of issuing authority,
(with Telephone No.) :
9. Signature of Medical Officer :
in-charge dispensary from which transferred.
10. Signature of Medical Officer :
in-charge dispensary to which transferred.

Station :

Date :

Signature of Applicant

16. Are all the persons whose names are given above are dependant upon you and are residing with you?

{Please attach proof of their staying with you , like copy of Ration Card / Election ID / Pass Port / Identity Card issued by College / School / University / Bank Pass Book , etc., }

17. Paste one ID Card size of Photograph of each member of Family (including self) whose names are proposed to be included as part of your family in the space given below.

S.No. Name	S.No. Name	S.No..... Name	S.No..... Name	S.No..... Name
S.No. Name	S.No Name	S.No Name	S.No Name	S.No Name

I Undertake to intimate to CGHS immediately if there is any change in dependency criteria of my family members included in this application form. If I fail to intimate and if the CGHS comes to know of the change then the CGHS facility is liable to be withdrawn by the CGHS and the CGHS and / or appropriate authority will be free to initiate any action against me.

I Undertake to surrender the CGHS Card(s) on my leaving the Ministry / Office on transfer; retirement; termination. Resignation; or on ceasing to be eligible for CGHS benefits.

I certify that the information furnished by me in this application has been verified to be correct and that no information has been concealed or has been misrepresented and I stand by the same.

- Encl. Proof of Residence / Stay of dependents**
- Proof of age of son/ Disability certificate**
- Surrender Certificate of CGHS Card while in service**
- Attested copies of PPO & Lasr Pay Certificate**

Signature of Applicant.

(TO BE FILLED BY THE SPONSORING AUTHORITY)

The information furnished by the applicant has been verified and found to be correct. It is recommend that a CGHS Card be issued to Shri /Smt. /Kumari , Designationin this Ministry / Department / Organization. Instructions are issued to the concerned Division to start deducting CGHS Subscriptions every month from the salary of the applicant / CGHS Subscriptions are deducted every month from the salary of the applicant. I am authorized sponsoring authority for the issue of CGHS Card and approval of the Competent authority has been obtained.

No.
Date

Signature & Name of the Sponsoring Authority

Designation (Stamp) with Tel. Number

Verified – by Authorized Signatory, CGHS(HQ)
Signature with Stamp (for CGHS pensioners making card First Time)
To

Chief Medical Officer i/c , CGHS Dispensary ,

INSTRUCTIONS

Definition of Family:

- (1) Husband / Wife* (* First wife only)
- (2) Dependant Parents / Step Mother (in case of adoption , only adoptive & not real parents)
- (3) If adoptive father has more than one wife , the first wife only.
- (4) A female employee has a choice to include either her dependent parents or her dependent parents – in law ; option exercise can be changed only once during service .
- (5) **Children** including legally adopted children , step children and children taken as wards subject to the following conditions:

(i)	Son	Till he starts earning or attains the age of 25 years , whichever is earlier.
(ii)	Daughter	Till she starts earning or gets married, irrespective of the age limit , whichever may be earlier.
(iii)	Son Suffering from any permanent disability of any kind (physical or mental) as defined below	Irrespective of age limit.
(iv)	Dependent divorced / abandoned or separated from their husband / widowed daughters and dependent unmarried / divorced abandoned or separated from their husband / widowed sisters	Irrespective of age limit.
(v)	Dependent Minor brother(s)	Upto the age of becoming a major.

For the purpose of availing CGHS facility for a disabled sons above 25 years , please attach a copy of n the certificate of disability issued by the competent authority.

'Disability' will be AS DEFINED IN SECTION 2(1) OF 'THE PERSONS WITH DISABILITIES (EQUAL OPPORTUNITIES, PROTECTION OF RIGHTS AND FULL PARTICIPATION) ACT ,1995 (NO: 1 OF 1996)' WHICH IS REPRODUCED BELOW:

- “(1) “DISABILITY” MEANS
- (I) BLINDNESS
 - (II) LOW VISION
 - (III) LEPROCY CURED
 - (IV) HEARING IMPAIRMENT
 - (V) LOCOMOTOTR DISABILITY
 - (VI) MENTAL RETARDATION
 - (VII) MENTAL ILLNESS ”
 - (VIII)

Dependency:

Members of family (other than spouse) whose income is less than Rs.3500*/ +DA- per month are treated as dependents and are normally residing with CGHS beneficiary.

The Following Documents are to be enclosed:

- (I) **Proof of Residence / Stay of dependents** —{ copy of Ration Card / Election ID / Pass Port / Identity Card issued by College / School / University / Bank Pass Book , etc.,}
- (II) **Proof of age of son -**
- (III) **Attested Copy of Disability certificate issued by Competent Authority(in case of dependent son aged 25 and above)**

For Pensioners applying for CGHS card for the First time the following Additional Documents are required:

- (IV) **Surrender Certificate of CGHS Card while in service.**
- (V) **Attested copies of PPO /Last Pay Certificate**

Contribution by Pensioners should be made by Bank Draft (Scheduled Banks) payable in Delhi in favour of “Pay & Accounts Officer CGHS , New Delhi”.

* under review

APPLICATION FOR CORRECTION OF ERROR IN PLASTIC CARD

Name of beneficiary	:		
Ben. ID No.	:		
Name of Family Member	:	1.	
		2.	
		3.	
		4.	
		5.	
		6.	
		7.	
Dispensary	:		
Nature of Correction	:		
Correction Required	:		
Contact Telephone No.	:		

Encl : Photocopy of Pay Slip & CGHS ID cards

Signature of Applicant

CENTRAL GOVERNMENT HEALTH SCHEME
Application Form for Renewal of CGHS card (Serving Employees)

- | | |
|--|----------------|
| 1. Name of the applicant | CGHS Card No.: |
| 2. Name of the Department/Office | |
| 3. Pay Band: Pay in Pay band (excluding Grade pay): | Grade Pay: |
| 4. Designation: Ward Entitlement : | Contact No. : |
| 5. Residential Address | Email ID : |
| 6. Details of Family:- | |

Photo				
Name				
Relationship				
D.O.B				
Beneficiary ID				
Photo				
Name				
Relationship				
D.O.B				
Beneficiary ID				

DECLARATION

I hereby declare that the statements made above are true and that the persons included in the details of family are wholly dependent on me and that no information has been concealed or has been misrepresented and I stand by the same.

Dated:

Signature of CGHS card holder

.....
FOR OFFICIAL USE

The information furnished by the applicant has been verified and found to be correct and CGHS subscriptions are being deducted every month from the salary of the applicant.

Name of the Sponsoring authority /office
Tel No.

Signature (with seal)
Dated:

IMPORTANT

- i) Self attested photocopy of old CGHS cards should be attached with the application form.
- ii) Definition of family under CGHS should be referred to prior to filling the details of family.
- iii) For disabled son/brother, proof of age of son/dependent brother along with the disability certificate should be enclosed.
- iv) A copy of the current pay slip, and address proof of residence / affidavit (in case of change in address) should be attached.

HIGH COURT OF DELHI AT NEW DELHI
(PROJECT & PLANNING BRANCH)

No.: 410 PP-V/P&P/DHC/2020

Date: 08.12.2020

CIRCULAR

This is to inform that with a view to facilitating expeditious settlement of claims for **reimbursement of official mobile phones/ back covers and screen guards**, a proforma has been uploaded on Intranet/PIS of this Court.

All the entitled officers/ officials of this Court are therefore requested to send their claims for reimbursement towards purchase of official mobile phone, back cover and screen guard in the **said proforma only**. The proforma can be downloaded from PIS/Common Forms section of this Court.

Sd/-

(Satish Chander Thaldi)

Deputy Registrar (P&P) *as*

Endst. No. 411-413 /PP-V/P&P/DHC/2020

Dated: 08.12.2020

Copy to:-

1. JR-cum-Secretary to Hon'ble the Chief Justice.
2. DR-cum-PA to Registrar General.
3. ✓ Joint Director (IT) with the request to get this circular uploaded on the intranet of this Court and the proforma in PIS under Common Forms section, for information of all concerned.



(Surender Pal)

Assistant Registrar (P&P) *as*

**PROFORMA FOR REIMBURSEMENT OF
OFFICIAL MOBILE PHONE/ BACK COVER/ SCREEN GUARD
(For Officers/ Officials Only)**

(Tick whichever is applicable)

1	Reimbursement seeking for:-	
(a)	Mobile Phone	<input type="checkbox"/>
(b)	Back Cover (Reimbursement can be claimed only once during the life of mobile phone i.e. 2 years and only if the life of official mobile phone is NOT due in next three months)	<input type="checkbox"/>
(c)	Screen Guard (Reimbursement can be claimed only once during the life of mobile phone i.e. 2 years and only if the life of official mobile phone is NOT due in next three months)	<input type="checkbox"/>
2	Whether official Mobile Phone is Purchased:-	
(a)	First time	<input type="checkbox"/>
(b)	In replacement of old mobile phone	<input type="checkbox"/>
3	Payment Mode:- (a) Cash <input type="checkbox"/> (b) Digital Mode <input type="checkbox"/>	
	(c) Credit/Debit Card * Self <input type="checkbox"/> *Spouse <input type="checkbox"/> Name of the cardholder _____ and relationship with claimant _____	
4	Documents to be attached for claim:-	
(a)	Original Bill which must be in the name of applicant only, clearly indicating 14 to 16 digits IMEI no./ Serial No. (in case of mobile phone)	<input type="checkbox"/>
(b)	Rs.1/- Revenue Stamp on original bill if the amount is more than Rs.5,000/-	<input type="checkbox"/>
(c)	Three Photocopies of each bill	<input type="checkbox"/>
(d)	One forwarding note of Regular PS, after confirming from the Hon'ble Judge (in case of Additional PS only)	<input type="checkbox"/>
	→ I understand that as per rule, depreciated value of admissible amount of my old mobile phone would be deducted from admissible amount of my new mobile phone. OR	<input type="checkbox"/>
	→ I have deposited the depreciated value of my old phone with the Chief Cashier of this Court.	<input type="checkbox"/>
Note:-	Physical verification of mobile phone, back cover and tempered glass is MUST , the same has to be produced before Deputy Registrar (P&P) alongwith the original invoice for IMEI no. verification purpose (in case of mobile phone).	

Signature _____

Name of the Officer/ Official _____

Designation _____

Place of Posting _____

Employee Code _____

Official Mobile Number _____

To

The Registrar General
Delhi High Court,
New Delhi.

Sub:- Permission for availing Medical facilities under CS(MA) Rules, 1994.

Sir,

With due respect, it is submitted that:-

1. Presently I am residing at _____
_____, copy of address proof is enclosed herewith.
2. The area of my residence does not fall within the radius of 5 Kilometers of any CGHS Wellness Centre.
3. The following members of my family are dependant upon me:-

Sl. No.	Name of Family member	Relationship	Date of Birth
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

4. As and when the area of my residence will be covered under any CGHS Wellness Centre, I undertake to subscribe CGHS.

In view of the above facts, permission may be granted to avail medical facilities under CS(MA) Rules, 1944 to me and members of my family mentioned above.

Yours faithfully

Sign: _____

Name: _____

Designation: _____

Employee Code: _____

Phone No: _____

Date _____

CERTIFICATE

I hereby certify that I have got stitched my uniform from the following tailor who has not obtained the GST number:-

Sl No. (1)	Name of Tailor with Address (2)	Description / Particular of uniforms/liveries item (s) stitched (3)	Quantity of uniforms / liveries item (s) (4)	Bill/Invoice No. & Date, if any (5)	Amount (₹) (6)

It is, therefore, requested that the admissible amount as per my entitlement may kindly be reimbursed to me.

Signature: _____

Name: _____

Designation: _____

Employee Code: _____

Place of Posting: _____

Mobile No.: _____

Date: _____

ANNEXURE 'B'

CERTIFICATE

I hereby certify that I have purchased the following uniforms/liveries items (s) as mentioned in the Schedule issued by this Court, vide Circular No. 812/G-6/Genl.-II/DHC dated 20.08.2018, which contain my name/mobile number (official/personal) (*strike out whichever is inapplicable*) on the bill:-

Sl No. (1)	Firm name with Address (2)	Description / Particular of uniforms/liveries item (s) with colour (3)	Quantity of uniforms / liveries item (s) (4)	Bill/Invoice No. & Date (5)	Mode of Payment (6)	Amount (₹) (7)

It is, therefore, requested that the admissible amount as per my entitlement may kindly be reimbursed to me.

Signature: _____

Name: _____

Designation: _____

Employee Code: _____

Place of Posting: _____

Mobile No.: _____

Date: _____

A-1
FRESH ISSUANCE

Date: _____

To,

Registrar (IT)
Delhi High Court
New Delhi.

Sub.: **Request for issuance of new Digital Signature/Encryption Certificate (Key)**

Sir/Madam

The undersigned has been (a/w HMJ _____) [or]
(posted in _____ Branch) to perform the duties as
_____ (copy of transfer/posting order enclosed) and to
digitally sign documents viz. _____.

It is, therefore, requested to please get the Digital Signature/Encryption Certificate (Key) issued for my official use.

Signature _____

Name (applicant) _____

Designation _____

Emp_ID _____

Present posting _____

Mobile No. _____

Email_ID: _____

Encl.

- (1) Duly filled in Application form- Digital Signature/Encryption Certificate in blue ink and passport size photograph affixed and signed across
- (2) Copy of transfer/posting order
- (3) Copy of self attested Identity card
- (4) Copy of self attested PAN Card

A-2
RENEWAL

Date: _____

To,

Registrar (IT)
Delhi High Court
New Delhi.

Sub.: Request for renewal of Digital Signature/Encryption Certificate (Key)
already issued

Sir/Madam

The undersigned has already been provided with Digital Signature/Encryption Certificate (key) for digitally signing documents viz. _____ . The same (is going to expire on _____) (has already expired on _____). It is, therefore, requested to please get the Digital Signature/Encryption Certificate (Key) renewed.

Signature _____

Name (applicant) _____

Designation _____

Emp_ID _____

Present posting _____

Mobile No. _____

Email_ID: _____

Encl.

- (1) Duly filled in Application form- Digital Signature/Encryption Certificate in blue ink and passport size photograph affixed and signed across
- (2) Copy of transfer/posting order
- (3) Copy of self attested Identity card
- (4) Copy of self attested PAN Card

**[For Revocation of earlier issued Digital Signature/Encryption Certificate
(Key) on account of damage or lost]**

Date: _____

To,

Registrar (IT)
Delhi High Court
New Delhi.

Sub.: Request for issuance of new Digital Signature/Encryption Certificate (Key)
as earlier issued key damaged/lost

Sir/Madam

The undersigned has already been provided with Digital Signature/Encryption Certificate (key) for digitally signing documents viz._____. The same has been damaged/lost for the reasons mentioned hereinbelow:

It is, therefore, requested to please get the new Digital Signature/Encryption Certificate (Key) issued.

Signature_____

Name (applicant)_____

Designation_____

Emp_ID_____

Present posting_____

Mobile No._____

Email_ID:_____

Encl.

- (1) Duly filled in Application form- Digital Signature/Encryption Certificate in blue ink and passport size photograph affixed and signed across
- (2) Duly filled in Digital Signature Certificate Revocation Request Form
- (3) Copy of transfer/posting order
- (4) Copy of self attested Identity card
- (5) Copy of self attested PAN Card

INSTRUCTIONS

1. If applicant wants to get **issued** new Digital Signature/Encryption Certificate (Key) please forward the request in Format A-1 to AOJ (IT/Sty.), Ground Floor, Room No. 6, LCB-III by annexing requisite documents as mentioned in Format A-1.
2. If applicant wants to get **renewed** already issued Digital Signature/Encryption Certificate (Key) please forward the request in format A-2 to AOJ (IT/Sty.), Ground Floor, Room No. 6, LCB-III by annexing requisite documents as mentioned in Format A-2.
3. If the already issued Digital Signature/Encryption Certificate (Key) has been **lost or damaged**, please forward the request in format A-3 to AOJ (IT/Sty.), Ground Floor, Room No. 6, LCB-III by annexing requisite documents as mentioned in Format A-3.
4. The applicable form (s) must be filled in **BLUE INK ONLY**.
5. Passport size photograph be **affixed and signed across**.
6. Documents annexed must be self attested.
7. After receipt of such request alongwith duly filled in applicable application form (s) and requisite documents in IT/Sty. Branch, the same is processed and after getting approval of the authorities sent to the vendor for issuance/renewal of DSC.
8. If no discrepancy found in documents, a DSC Key will be delivered to applicant and a **text message containing challenge code for activation is sent at the mobile phone of applicant which shall be immediately informed at Extn. No. 4563 for further necessary action**.
9. Any further complaint in respect of Digital Signature Certificate (key) may be reported **at Extn. No. 4563**.

APPLICATION FORM - SIGNATURE / ENCRYPTION CERTIFICATE

FOR GOVERNMENT ORGANIZATION



Application ID: (S) (E)

(For Office Use Only)

PLEASE FILL IN BLOCK LETTERS ONLY. ALL FIELDS ARE MANDATORY

More Instructions available at: <http://www.e-mudhra.com/instruction.html>

APPLICANT INFORMATION

Applicant Name

Date of Birth Gender Male Female Nationality

Organisation Name

Department

Org Address

City Pin code

State

PAN of Applicant Mobile

IEC Code Branch Code (NOTE : applicable only for dgft certificate)

Email ID

Affix recent passport size photograph of the applicant **duly signed across**

CLASS:

Class 1 Class 2 Class 3

TYPE:

Signature Encryption Combo

VALIDITY:

1 Year 2 Years 3 Years

DOCUMENT PROOF (attested by Authorized Signatory of the Organization)

Document required:

- Copy of Applicant's Government ID Card / Letter from Organization / Pay Slip
- Authorized Signatory Organisational ID Card / Self-Attested Letter of Organizational Identity
- Copy of PAN Card of Applicant, if PAN provided
- Copy of Import Export Certificat (NOTE : Mandatory only for DGFT)

DECLARATION BY APPLICANT

I hereby agree that I have read and understood the provisions of e-Mudhra Certification Practice Statement (GPS) and the subscriber agreement and will abide by the same. The information provided in this form is true & correct to the best of my knowledge. I accept publishing my certificate information in e-Mudhra repository. I am aware of risks associated in case of Class 1 Certificate, when storing the private key on a device other than a FIPS 140-1/2 validated cryptographic module.

Date

Place

Signature of the applicant
(As in ID proof | Blue Ink Only)

AUTHORIZATION

I hereby authorize this application on behalf of the organization. I hereby confirm the mobile number of Applicant given above. In case of class 3, I confirm the Physical Verification of Applicant.

Authorized Signatory (Sign and Seal)

TO BE FILLED BY RA OFFICE ONLY

I declare that the applicant has provided correct information in this application form. I have checked and verified the application form and supporting documents. I hereby take full responsibility for any wrong verification made, or wrong documents submitted for the application.

Date

RA Name, Code & Seal

Signature of RA

DIGITAL SIGNATURE CERTIFICATE REVOCATION REQUEST FORM



To,
e-Mudhra Limited
Instruction:

Date:

D	D	M	M	Y	Y	?	?
---	---	---	---	---	---	---	---

1. Please fill the form in BLOCK LETTERS only.
2. [*] MARKED Fields are Mandatory.
3. Any discrepancy or inconsistency in the form will lead to delay and / or rejection.
4. Attach request letter or NOC from the organisation to revoke organisation certificate.
5. In the event of applicant's death, the revocation request by the legal heir has to attach legal proof of his/her relationship with applicant.

CERTIFICATE SUBSCRIBER DETAILS*

1. Name:*											
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.											
2. Application ID No. (or) Certificate SI.No.:*											
3. Email ID*											
4. Type of Applicant*						<input type="checkbox"/> Individual			<input type="checkbox"/> Organization/Government/Bank		
5. Class of Certificate to be Revoked*											
<input type="checkbox"/> Class 1 Silver Individual				<input type="checkbox"/> Class 2 Gold Individual				<input type="checkbox"/> Class 2 Gold Organization			
<input type="checkbox"/> Class 3 Platinum Individual				<input type="checkbox"/> Class 3 Platinum Organisation				<input type="checkbox"/> Class 3 Device/Server			
6. Reason for Revocation *											
<input type="checkbox"/> Private Key Compromise				<input type="checkbox"/> Use of digital signature discontinued				<input type="checkbox"/> Transferred/Resigned/Retired from the company			
<input type="checkbox"/> Loss of Private Key				<input type="checkbox"/> Death of the subscriber				<input type="checkbox"/> Original misplaced			
<input type="checkbox"/> Original corrupted				<input type="checkbox"/> Dissolution of the company				<input type="checkbox"/> Change of Organisation			
<input type="checkbox"/> Information in the certificate has changed				<input type="checkbox"/> Certificate lost due to download failure				<input type="checkbox"/> Others please specify: _____			

DECLARATION*

I hereby agree that I have read and understood the provisions of e-Mudhra Certification Practice Statement (CPS) and the subscriber agreement and will abide by the same. The information provided in this Digital Signature Certificate request form is true and correct to the best of my knowledge and I accept publishing my certificate information in e-Mudhra repository. I hereby consent to revoke my Digital Signature Certificate, if physical copy of the Digital Signature Certificate Application along with the supporting documents are not received by eMudhra CA within 15 days of issuance of Digital Signature Certificate.

Date: _____ Place: _____ Name of the Applicant: _____
Seal & Stamp: _____ Signature: _____

TO BE FILLED BY RA OFFICE ONLY*

I declare that the applicant has provided correct information in this revocation form. I have checked and verified the application form and supporting documents.

RA Code:	Name:	RA Seal & Stamp
Signature:		
Date:	Place:	

CONTACT DETAILS

eMudhra Limited, 3rd Floor, Sai Arcade, 56, Outer Ring Road, Deverabeesanahalli, Opp Intel, Bangalore 560 103.
Karnataka. Phone : +91 80 6740 1400 Fax : +91 80 4227 5306. Email : info@e-Mudhra.com Website: www.e-Mudhra.com.

APPLICATION FOR LEAVE OR FOR EXTENSION OF LEAVE

1. EMPLOYEE CODE NO. :
2. NAME OF APPLICANT :
3. POST HELD :
4. SECTION/DIVISION :
5. INTERCOM/TELEPHONE NO. :
6. BASIC PAY :
7. HOUSE RENT AND OTHER COMPENSATORY ALLOWANCES DRAWN IN THE PRESENT POST:
8. NATURE OF LEAVE :
9. PERIOD OF LEAVE APPLIED
FROM :
TO :
10. SATURDAY, SUNDAY & HOLIDAY, IF ANY PROPOSED TO BE PREFIXED / SUFFIXED TO LEAVE :
11. GROUND ON WHICH LEAVE IS APPLIED FOR :
12. DATE OF RETURN FROM LAST LEAVE & THE NATURE AND PERIOD OF THAT LEAVE :
13. I PROPOSE/ DO NOT PROPOSE TO AVAIL L.T.C. FOR THE BLOCK YEAR FOR MYSELF :
14. ADDRESS DURING LEAVE PERIOD :

Recommendation of immediate Superior

Signature
Name:
Designation:

Signature
Name:
Designation:

19.	Are you / your spouse occupying accommodation allotted by Directorate of Estates (DoE). If yes, please give details :					Yes	No									
	Allottee's Name →															
	House Type	Locality		Sector	Block	House No.										
20. Are you / your spouse occupying accommodation allotted by / from any Departmental Pool / State Government Pool?					Yes	No										
	If yes, please give details	Department / State Government with Office address														
		Name of Allottee														
		Address of House														
		Date of Allotment														
21.	Do you / your spouse / your dependent children own a house within the jurisdiction of Local Municipality or any adjoining municipality?				Yes	No										
	If yes, please give details	Owner's Name	Relationship with Applicant	Address of House												
		Rateable Value of House per annum, if any		Monthly Rental Income, if any												
22. Indicate below the Type(s) of House for which you are applying:																
Type of House	Eligible Grade Pay	Please tick (✓) for the House Type			Pool(s) under which applied											
TYPES (I TO III)					GP	SC	ST	LS	LM							
I	Rs.1300 to Rs.1800															
II	Rs.1900 to Rs.2800															
III	Rs.4200 to Rs.4800															
TYPE IV					GP	TP	SC	ST	LS	LM						
IV	Rs.5400 to Rs.6600															
Note : If you are willing to be considered for accommodation one or two types below your entitlement, please specify the details in the relevant types also (applicable for Type IV Special and above).																
Type of House	Eligible Grade Pay	Date from which continuously drawing eligible Grade Pay as indicated							Please ✓ for Type	Pool(s) under which applied						
TYPES (IV SPECIAL TO VIA)		D	D	-	M	M	-	Y	Y	Y	Y	GP	TP	TN	LS	LM
IV(Spl.)	Rs.6600 and above			-			-									
VA(DII)	Rs.7600 and above			-			-									
VB(DI)	Rs.8700 and above			-			-									
VIA(CII)	Rs.10000 and above			-			-									
TYPE VIB											SG	SE	CM			
VIB(CI)	Rs.12000 and above			-			-									
Type of House	Eligible Basic Pay	Date from which continuously drawing eligible Basic Pay as indicated							Please ✓ for Type	Pool(s) under which applied						
TYPES VII and VIII		D	D	-	M	M	-	Y	Y	Y	Y	SG	SE	CM		
VII	Rs.75000 and above			-			-									
VIII	Rs.80000 Fixed and above			-			-									
Type of House	Eligible Grade Pay	Date from which continuously drawing eligible Grade Pay as indicated							Please ✓ for Type	Pool(s) under which applied						
HOSTEL (Transit Accommodation)		D	D	-	M	M	-	Y	Y	Y	Y	GP	TP	LS	LM	
SS	Rs.4200 and above			-			-									
SK	Rs.4200 and above			-			-									
DS	Rs.5400 and above			-			-									

23. a) Rank / Status based on Warrant of Precedence (for Types VIA to VIII)										Please tick (✓) appropriate column.									
Rank / Status					Holding Post mentioned in column (A).					Holding Post of Chairman / Member in the Rank / Status equivalent to / in column (A)									
(A)					(B)					Chairman (C)					Member (D)				
Cabinet Minister																			
Supreme Court Judge																			
Chief Election Commissioner																			
Minister of State																			
Election Commissioner																			
Deputy Minister																			
High Court Judge																			
Secretary to Govt. of India																			
Additional Secretary to Govt. of India																			
Joint Secretary to Govt. of India																			
a) Previous Post held prior to re-appointment, if any					c) Date of Demission of the previous Office, if any					e) Date of Joining of Present Office									
24. a) Area Restrictions for Initial Allotment only: Initial Allotment may kindly be restricted to the following choices of localities in the Order of Preference. (Indicate a maximum of five choices of localities for each House Type applied. One Locality in each row only.)																			
House Type	Pref. Order	Locality	Sector	Block	Floor	Room	House Type	Pref. Order	Locality	Sector	Block	Floor	Room						
b) If you do not get allotment in the localities restricted by you under para 24a), would you like to be considered for allotment in any other locality for the Type of Houses applied by you.							If Yes, please mention the Type(s) of House.												
Yes			No																
c) Specific Request, if any																			
25. Address of Place of Duty of the Applicant							26. Permanent / Home Town address (if any)												
Phone			Fax				Phone												
Mobile							E-mail												

Declaration by the Applicant:

- A. 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 as applicable.
- B. I am working in an eligible office located in an eligible zone.
- C. I am aware of the penalties, which can be imposed in the event of refusal of acceptance of allotment of accommodation of the entitled type under SR-317-B-10 or furnishing of false information, subletting / misuse of the premises under SR-317-B-21.

Date: _____

Signature of the Applicant : _____

TO BE FILLED IN BY THE FORWARDING OFFICE

Office ID (10-digit ID)		Endorsement No.		Date			
Office							
Category of Office Please tick (✓)	Central Government						State Government
	Ministry	Department	Attached Office	Subordinate Office	Autonomous Body	Statutory Body	
Name of Applicant							
Designation							
Date of continuous employment of the applicant under Government Service				Present Grade Pay	Present Band Pay	Present Basic Pay	
		-					
Marital Status of the Applicant							
Unmarried		Married		Widow		Widower	Divorcee

1. Certified that the applicant is employed in an eligible office and has not been **debarred** from allotment of General Pool accommodation.
2. Certified that the applicant is entitled / not entitled to rent free accommodation.
3. Certified that all the information mentioned by the applicant in his application and mentioned above by the undersigned are verified from the records and found to be correct.

Note: Forwarding Officer should also sign at the bottom of each page of the Application filled up by the Applicant.

Signature with Date : _____

Name _____

Designation _____

Office Seal

Phone _____

E-mail _____

INSTRUCTIONS

1. This form is for **INITIAL ALLOTMENT** only. For Change Allotment, please fill up the Change Allotment Form.
2. Please fill up the form in **BLOCK LETTERS** only.
3. Fill dates as day (01-31), month (01-12) & year (2009) in the format **DD-MM-YYYY**.
4. Please tick (✓) wherever required to do so.
5. Pools have been coded as follows:
GP : General Pool **SG** : Secretary to Govt. of India **CM** : Chairman / Member **SC** : SC Pool **LS** : Ladies Single Pool
TP : Tenure Pool **SE** : Secretary equivalent **TN** : Tenure Pool (Non-AIS) **ST** : ST Pool **LM** : Ladies Married Pool
6. All SC / ST and LS / LM applicant will be registered for GP also.
7. Hostel (Transit accommodation) has been coded as follows:
SS : Single Suite without kitchen **SK** : Single Suite with kitchen **DS** : Double Suite
8. Locality choices for a House Type can be obtained from the website <http://estates.nic.in> of the Directorate of Estates at the link **House Allotments ->Housing Stock->Type-wise Localities**.
9. Please ensure that the application is complete in all respect, signed by the applicant, and forwarded and stamped by the Forwarding Officer of your Office.
10. Forwarding Officer should mention the newly allotted 10-digit Office ID only, and not the old Department Code given earlier by this Directorate. 10-digit Office ID can be obtained from the website <http://estates.nic.in> of the Directorate of Estates at the link **House Allotments ->Help->Offices**.
11. The completed application must be submitted by the applicant in person or through his / her representative at the Information Facilitation Centre of the Directorate of Estates located at Ground Floor (Near Gate No.2), C-Wing, Nirman Bhawan, New Delhi – 110108.
12. You are not eligible to apply if you are employed in Delhi Administration / CBI / Hospitals etc. and any person(s) junior to you has been offered a regular allotment from the Departmental Pool.
13. Registration number and Allottee Account Number (AAN) must be filled up if already allotted by this Directorate.
14. If you wish to restrict your allotment in specific localities only, you must fill up the details at para 24.
15. All India Service Officers on Central Deputation must fill up the details at para 17.
16. Chairman and Members of various Commissions must provide information desired at para 23.
17. The date of Priority for drawing Waiting List in respect of Types 1 to 4 accommodations shall be the Date of Joining the Government Service and for Types 4S to 8, the date on which an officer starts drawing the relevant Grade Pay in the Central Government..
18. If an applicant of Type 1 to Type 4 gives locality choices under para 24, the date on which his / her DOP is covered and if he / she does not get allotment in the locality mentioned by him / her, he / she will automatically be registered for Change Allotment in the localities given by him / her.
19. Hostel is a transit accommodation and if you are applying for Hostel accommodation, you must also apply for regular accommodation as per your entitlement, otherwise your application for hostel accommodation will not be considered. If you also specify locality choices, a minimum of four locality choices must be specified for each type at para 24.
20. If you wish to get intimation through E-mail and SMS, you must provide your E-mail address and Mobile Number.

APPLICATION FORM FOR THE GRANT OF LTC/HOME TOWN

1. NAME OF THE GOVT. SERVANT
2. DESIGNATION
3. DATE OF ENTERING IN THE GOVT. SERVICE
4. BASIC PAY
5. WHETHER PERMT./TEMP.
6. HOME TOWN AS RECORDED IN THE SERVICE BOOK
7. WHETHER WIFE/HUSBAND IS EMPLOYED AND IF SO, WHETHER ENTITLED TO
8. WHETHER THE CONCESSION IS TO BE AVAILED FOR VISITING HOMETOWN/LTC IF SO BLOCK FOR WHICH IT IS TO BE AVAILED
9. IF THE CONCESSION IS TO VISIT ANYWHERE IN INDIA, THE PLACE TO BE VISITED
10. SINGLE RAIL/BUS FARE FROM THE HEAD-QUARTER TO HOME TOWN/PLACE TO VISIT
11. PERSONS IN RESPECT OF WHICH LTC IS PROPOSED TO BE AVAILED:

S.No.	NAME	AGE	RELATIONSHIP
-------	------	-----	--------------

-
12. AMOUNT OF ADVANCE REQUIRED
 13. DATE OF JOURNEY
 14. NATURE OF LEAVE

I declare that the particulars furnished above are true and correct to the best of my knowledge. I undertake to produce the tickets for the outward journey within ten days of receipt of the advance.

In the event of cancellation of the journey or if I fail to produce the tickets within ten days of receipt of advance, I undertake to refund the entire advance in one lumpsum.

I also declare that air-tickets will only be booked directly from Booking Counters/Website of Air India or through authorized travel agents approved by the Government of India from time to time, i.e. M/s Balmer Lawrie & Company, M/s Ashok Travels & Tours, DTTDC and IRCTC.

Dated:

Signature of Applicant
Branch
Phone No.

CGHS Cards instruction.

1. Application to the Registrar General for forwarding the CGHS form to the CGHS Headquarter at CGHS Building, XII, R.K. Puram, New Delhi-110022 for making CGHS Plastic cards/addition cards/duplicate cards/change of ward/entitlement/change of address/renewal of CGHS plastic Cards etc.
2. Wife/husband status (Self employee or Govt. Servant.) if govt. servant or working in any organization then NOC from her/his office along with the joint declaration of both husband and wife.
3. one Recent colour photographs of the applicant and his dependent family members.
4. I-card copy, recent salary slip/salary certificate/appointment letter for new employees.
5. Age proof and address proof of applicant and his/her dependent family members (age should be like that : 23 June 1995 or 23.06.1995) (for age proof- birth certificate/school certificate etc. valid)
6. copy of CGHS plastic cards with undertaking of the applicant that he will surrender the same as an when he receives new one and original CGHS Board Card if CGHS Plastic Cards not issued.
7. Undertaking regarding existing CGHS plastic Cards, if any, that applicant will surrender his/her all CGHS Cards as and when he/she receives new one in the case of renewal/change of entitlement on the CGHS cards.
8. One set of photocopy of the original set of the form and documents annexed thereto.
9. dependency of the family member's letter from the account branch
10. For working wife/husband.
 1. salary slip of the working person.
 2. Joint declaration.
 3. No Objection certificate from her or his office.
 4. C/o Marriage certificate and marriage card.
11. I) IPO of Rs. 50/- each lost of plastic card of the for applicant and his dependent family members, in case of lost of the CGHS plastic cards.
11. Copy of FIR in case of lost of the CGHS Cards.
12. Affidavit of dependency of the family members.
13. Two forms (in duplicate) for addition along with the apply form in case of add the name of the dependent family members.
14. Three forms of Change of address/dispensary (in triplicate) along with the proof of PWD and intimation (proof of letter) to this Court in case of change of dispensary/address..
15. *If address is not changed and the applicant wants to change his/her dispensary then consent of the CMO of that dispensary that they will entertain of the area in which applicant resides.*
16. Three form (in triplicate) for change of entitlement in case of change of basic by virtue of promotion/increasing the basic pay (with proofs) along with the apply form with recent photographs.

17. CS(MA) Rules, 1944

If dispensary is not available in the area of the applicant then he may apply for CS(MA) Rules 1944.

1. Application to the Registrar General.
2. Copy of Salary slip for deduction/non deduction of CGHS Subscription.
3. Copy of Identity Card for address proof.
4. Surrender Original CGHS Cards, if any.
5. Affidavit of dependent family members.

18. Documents required for medical permission.

1. Application to the Registrar General.
2. Prescription slip issued by CMO of Govt. Hospital/Dispensary CGHS/DHC Medical Unit along with his stamp and date.
3. Salary Slip/Dispensary Location/Copy of CGHS Cards/Mobile Numbers/CS(MA) Rule 1944, if issued by this Court/Prescription of AMA, if appointed/ C/o affidavit of dependency

CENTRAL GOVERNMENT HEALTH SCHEME
MODIFIED CHECK LIST FOR REIMBURSEMENT OF MEDICAL CLAIMS

1. CGHS Token No. and place of issue (or Ben ID of Employee/Pensioner) :
 2. Validity of CGH Card (For pensioners)& Entitlement : from.....to.....
: Pvt. / Semi Pvt./General
 3. Full name of Card Holder (Block Letters) :
 4. Status (Govt. Servant/Pensioner/Other) :
 5. The following documents are submitted :
{Please tick (-/) the relevant column}
- (a) Medical 2004 Form : Yes/No
 - (b) Photocopy of CGHS card : Yes/No.
 - (c) No. of Original Bills :
 - (d) Copy of discharge summary : Yes/No.
 - (e) Copy of referral Specilaist/CMO : Yes/No.
 - (f) Whether the hospital has given breakup : Yes/No.
for lab investigations
 - (g) Original papers have been lost the following documents are submitted –
 - I. Photocopies of claim papers : Yes/No
 - II. Affidavit on Stamp Paper : Yes/No.
 - (h) Incase of death of card holder the following documents are submitted----
 - I. Affidavit on Stamp paper by Claimant : Yes/No.
 - II. No objection from other legal Heirs on Stamp papers : Yes/No.
 - III. Copy of death certificate : Yes/No.

Dated:.....

Signature of CGHS card holder
Tel. No. (O)
(R)
e-mail Address

Name of the Bank Branch.....SB A/C No.
Branch MICR Code Tel. No. of Bank Branch.....

CENTRAL GOVERNMENT HEALTH SCHEME
MEDICAL 2004 FORM FOR REIMBURSEMENT OF
MEDICAL CLAIMS OF CGHS BENEFICIARIES.

Computer No.

(To be filled by the claimant)

1. CGHS Token No. and Place of issue :
(or Ben ID of Employee/Pensioner)
2. Validity of CGHS Token Card : from.....to.....
& entitlement : Pvt. / Semi Pvt. /General
3. Full name of the card holder (Block Letters) :
4. Full address :
5. Telephone no. (O)..... (R)
6. E-mail address if, any.
7. Name of the Bank Branch.....SB A/C
Branch MICR Code Tel. No. of Bank Branch.....
8. Name of the patient & relationship
with the card holder :
9. Status tick (-/) (Govt. Servant/Pensioner/Serving employee or pensioner
of autonomous body/Member of Parliament/Ex-M.P./Ex-
Governor/Former Judge of Supreme Court/Former Judge of High
Court/Freedom Fighter/Legal Heir/others)
10. Basic Pay/Basic Pension
11. Name of the Hospital with Address:
(a) OPD treatment and investigations.
(b) Indoor Treatment.
12. Date of admission.....Date of discharge.....(In
case of Indoor Treatment only)
13. Total amount Claimed
(a) OPD Treatment.
(b) Indoor Treatment.
14. Details of Referral :
15. Details of Medical advance if, any:

DECLARATION

I hereby declare that the statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependant on me. I am a CGHS beneficiary and the CGHS card was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

Dated:

Signature of CGHS card holder

Note: Misuse of CGHS facilities is a criminal offence. Suitable action including cancellation of CGH card shall be taken in case of willful suppression of facts or submission of false statements. Suitable disciplinary action shall be taken in case of serving employees.

INFORMATION

- a) **Kindly write correct postal address in block letters**
- b) **Obtain Break up of Investigations from the hospital (details and rates of individual tests and the exact number of Sugar tests, X-ray films, etc.,) as the reimbursable amount is calculated as per approved rates only.**
- c) **Draft against column (I) of check list - in case of loss of Original Papers**

Draft for Affidavit for Duplicate Claim Papers/bills on Stamp Paper

I,son/ wife/ daughter ofand resident of lost/ misplaced/ not traceable. I hereby give an undertaking that I have not received any payment against original bills/claim papers from any source and that if the original papers are traced I shall not stake claim against original bills in future and that in the event I receive any cheque against original bills in future I shall return the same to competent authority.

Deponent

Verified by Notary Public

- d) **Draft against column (I) of check list-in case of Death of Card holder**

Draft for Affidavit on Stump Paper for claiming medical reimbursement

I,wife/son/ daughter of Late.....and resident ofhereby submit the medical claim papers pertaining to treatment of my father/ mother/Late Shri/Smt.....who has expired on.....(copy of Death Certificate is enclosed).

Late Shri/Smt.....has left behind the following other legal heirs none of whom have any objection if the entire amount reimbursable is paid to me.

.....
.....

No Objection Certificate signed by other legal heirs on Stamp paper is enclosed herewith.

Deponent

Deponent

Attested by Notary Public

Draft for No Objection Certificate on Stamp Paper.

We.....s/o d/o Late Shri.....

.....s/o d/o Late Shri.....

being the legal heirs of Late Shri.....have no objection if the entire amount reimbursable pertaining to the treatment of our father is paid to our brother Shri.....

()

Address

()

W/o

Address

Verified by Notary Public

To

The Registrar General,
Delhi High Court,
New Delhi.

Sub: Reimbursement of amount on account of purchase of briefcase/office bag.

Madam/Sir,

Please find enclosed herewith the bill/invoice, in original, for reimbursement of the amount spent by the undersigned for purchase of briefcase/office bag (*strike out whichever is inapplicable*), as per following details:-

Sl No.	Firm name with Address	Bill/Invoice No.	Bill/Invoice date	Amount paid

Date of Superannuation: _____

It is, therefore, requested that I may kindly be reimbursed the admissible amount as per my entitlement.

It is certified that the amount is being claimed for the purchase of briefcase/office bag by me for the first time/after completion of four years of earlier purchase (*strike out whichever is inapplicable*).

Yours faithfully,

Signature: _____

Name: _____

Designation: _____

Employee Code: _____

Mobile No. _____

Date: _____

Note:-

1. Bill should strictly contain the above details mentioned hereinabove indicating the name of the officer/official entitled to purchase the briefcase/office bag.
2. Revenue Stamp of Re. 1 should be affixed on the Invoice/bill for Rs. 5000/- or above.
3. The bill should contain the Taxpayer Identification Number (TIN) of the firm.
4. The bill should clearly indicate the item purchased, i.e. either the Office Bag or the Briefcase, as the case may be.
5. Copy of pay-slip should be also enclosed.

10. Email ID

Grid for Email ID

11. Subscribers Bank Details: (Please refer instruction no. 4)

Savings A/c

Input box for Savings A/c

Current A/c

Input box for Current A/c

Bank A/c Number

Grid for Bank A/c Number

Bank Name

Grid for Bank Name

Bank Branch

Grid for Bank Branch

Bank Address

Grid for Bank Address

Pin Code

Input box for Pin Code

Bank MICR Code

Input box for Bank MICR Code

(Wherever applicable)

12. Value Added Services:

i) SMS Alert

Yes

Input box for SMS Alert Yes

No

Input box for SMS Alert No

ii) Email Alert:

Yes

Input box for Email Alert Yes

No

Input box for Email Alert No

I _____, the applicant, do hereby declare that what is stated above is true to the best of my information & belief.

Date :

Grid for Date

D D M M Y Y Y Y

Signature/Left Thumb Impression of Subscriber

Section B - Subscribers Employment Details to be filled and attested by DDO (All Details are Mandatory)

1. Date of Joining

Grid for Date of Joining

D D M M Y Y Y Y

2. Date of Retirement

Grid for Date of Retirement

D D M M Y Y Y Y

3. PAN

Grid for PAN

(Please refer to instructions No.5.)

4. Group of the Employee (Please Tick)

Group A

Input box for Group A

Group B

Input box for Group B

Group C

Input box for Group C

Group D

Input box for Group D

5. Office

Grid for Office

6. Department

Grid for Department

7. Ministry

Grid for Ministry

8. DDO Registration Number

Grid for DDO Registration Number

9. PAO/CDDO Registration Number

Grid for PAO/CDDO Registration Number

(Please refer to instructions No.6.)

10. Basic Salary

Grid for Basic Salary

11. Pay Scale

Grid for Pay Scale

Certified that the above declaration has been signed / thumb impressed before me by _____ after he / she has read the entries / entries have been read over to him / her by me and got confirmed by him / her. Also certified that the date of birth and employment details is as per employee records available with the Department.

Signature of the Authorised Person

Signature of the Authorised Person

Designation of the Authorised Person :

Rubber Stamp of the DDO

Rubber Stamp of the DDO

Date :

Grid for Date

D D M M Y Y Y Y

Name of the DDO _____

Department / Ministry _____

Section C - Subscriber's Nomination Details (* Indicates Mandatory Field for nominee)

1. Name of the Nominee *:

1st Nominee	2nd Nominee	3rd Nominee
First Name *	First Name *	First Name *
Middle Name	Middle Name	Middle Name
Last Name	Last Name	Last Name

2. Date of Birth (In case of a minor)*:

1st Nominee	2nd Nominee	3rd Nominee
-------------	-------------	-------------

3. Relationship with the Nominee*:

1st Nominee	2nd Nominee	3rd Nominee
-------------	-------------	-------------

4. Percentage Share *:

1st Nominee	%	2nd Nominee	%	3rd Nominee	%
-------------	---	-------------	---	-------------	---

5. Nominee's Guardian Details (in case of a minor)*:

1st Nominee's Guardian Details	2nd Nominee's Guardian Details	3rd Nominee's Guardian Details
First Name *	First Name *	First Name *
Middle Name	Middle Name	Middle Name
Last Name	Last Name	Last Name

6. Conditions rendering nomination invalid:

1st Nominee	2nd Nominee	3rd Nominee
-------------	-------------	-------------

Section D - Subscriber Scheme Details

1st Scheme	2nd Scheme	3rd Scheme
Pension Fund Managers Name/Code	Pension Fund Managers Name/Code	Pension Fund Managers Name/Code
Scheme ID No./Name	Scheme ID No./Name	Scheme ID No./Name
Percentage Share	Percentage Share	Percentage Share

Section E - Declaration

I understand that there would be PFRDA approved **Terms and Conditions** for Subscribers on the CRA website **governing I-Pin (to access CRA / NPSCAN and view details) & T-pin**. I agree to be bound by the said terms and conditions and understand that CRA may, as approved by PFRDA, amend any of the services completely or partially without any new Declaration/Undertaking being signed.

<p>I _____, the applicant, do hereby declare that what is stated above is true to the best of my information & belief.</p> <p>Date : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">D D M M Y Y Y Y</p>	<p>Signature/Left Thumb Impression of Subscriber</p>
---	--

INSTRUCTIONS FOR FILLING PRAN FORM

- a) Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.
- b) **Details Marked with (*) are the mandatory fields.**
- c) Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word.
- d) 'Individual' Subscriber should affix a recent colour photograph (size 3.5 cm x 2.5 cm) in the space provided on the form. The photograph should not be stapled or clipped to the form. (The clarity of image on PRAN card will depend on the quality and clarity of photograph affixed on the form.)
- e) Signature /Left thumb impression should only be within the box provided in the form. The signature should not be on the photograph. If there is any mark on the photograph such that it hinders the clear visibility of the face of the Subscriber, the application will not be accepted.
- f) **Thumb impression, if used, should be attested by a Magistrate or a Notary Public or a Gazetted Officer under official seal and stamp.**

Sr. No.	Item No	Item Details	Guidelines for Filling the Form
Section A - Subscribers Personal Details			
1	3.	Date of Birth	All Dates Should be in "DDMMYYYY" Format
2	6.	Present Address	All future communications will be sent to present address.
3	8, 9, 10	Phone No., Mobile No, & Email ID	It is advisable to mention either "Telephone number" or "Mobile number" or "Email id" so that Subscriber can be contacted in future for any discrepancy.
4	11	Subscriber's Bank Details	If Subscribers mentions any of the bank details, except MICR Code all the bank details will be mandatory.
Section B - Subscribers Employment Details			
It is mandatory to fill the Subscriber's Employment details in the application. The employment details should be filled by the respective DDO of the Subscriber and should be verified by the Authorised Signatory. DDO should ratify Overwriting / Striking off of any of the employment details.			
5	3.	PPAN	Kindly provide the PPAN (Permanent Pension Account Number), if it has been allotted to the subscriber by the concerned PAO.
6	8 & 9	PAO/CDDO Reg. No. & DDO Reg. No.	<ol style="list-style-type: none"> 1. PAO/CDDO Reg. No. and DDO Reg. No. are the unique Registration number allotted by Central Recordkeeping Agency. 2. CDDOs will register as both PAOs and DDOs. 3. NCDDOs will register only as DDOs and obtain the PAO Reg. No. from their respective PAOs.
Section C - Subscriber's Nomination Details			
7	4.	Percentage Share	Subscriber can nominate maximum of three nominees. Subscriber can not fill the same nominee details more than once. Percentage share value for all the nominees must be integer. Fractional value will not be accepted. Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected.
8	5.	Nominee's Guardian Details	If a nominee is a minor, then nominee's guardian details will be mandatory.
Section D - Subscriber scheme details			
If the Subscriber is unable to mention the Scheme details i.e. PFM Name, Scheme Name & Percentage Allocation he can contact the nearest Facilitation Centre (FC) for information or the Subscriber can also search for the scheme details on http://www.npscra.nsdl.co.in			
9	Scheme	Subscriber can select maximum three schemes. Details of the schemes are available on http://www.npscra.nsdl.co.in Subscriber can not fill the same scheme details more than once. If a scheme name is filled in the form for scheme setup there must be a PFM name and percentage contribution filled for that scheme. If the Scheme details are not filled, default scheme as approved by PFRDA will be applicable.	
10	Percentage Share	Scheme Contribution Value will be in terms of percentage. It cannot be in terms of amount. Percentage contribution value for all the schemes must be integer. Fractional value will not be accepted. If the sum of contributions (in percentage) across all the schemes is not equal to 100, the balance will be allotted to the default scheme approved by PFRDA.	

GENERAL INFORMATION FOR PRAN SUBSCRIBERS

- a) Subscribers can obtain the application form for PRAN in the format prescribed by PFRDA (Pension Fund Regulatory & Development Authority) from DDO or can freely download from the CRA website (<http://www.npscra.nsdl.co.in>).
- b) **The request for a reprint of PRAN card with the same PRAN details or/and changes or correction in PRAN data can be made by filling up 'Request for change/correction in subscriber master details and/or re-issue of I-Pin/T-Pin/PRAN card' or/and 'Request For change in signature and/or change in photograph'. The form is available from the sources mentioned in (a) above.**
- c) The Subscriber can obtain the status of his/her application from the CRA website or through the respective PAO/CDDO.
- d) For more information
Visit us at <http://www.npscra.nsdl.co.in>
Call us at 022-24994200
e-mail us at info.cra@nsdl.co.in
Write to: Central Recordkeeping Agency, National Securities Depository Limited, 4th Floor, 'A' Wing, Trade World, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400 013.

**HIGH COURT OF DELHI AT NEW DELHI
(FOR RETIRED PERSON)
(Fill in Capital Letters only)**

PHOTO

1. **NAME**
2. **FATHER'S/HUSBAND'S NAME**
3. **RESIDENTIAL ADDRESS**
4. **LAST POST HELD**
5. **PAY SCALE AT THE TIME OF RETIREMENT**
6. **DATE OF RETIREMENT**
7. **DATE OF BIRTH**
8. **TELEPHONE NO.** _____
OFFICE NO. _____
RESIDENCE NO. _____
9. **BLOOD GROUP**

SIGNATURE OF APPLICANT

PLACE

DATE

REASON:-

**RETIREMENT/LOST/
CHANGE OF ADDRESS**

Proforma Identity Card (Smart Card) HIGH COURT OF DELHI AT NEW DELHI (FILL IN CAPITAL LETTERS ONLY)	PASTE YOUR RECENT PASSPORT SIZE PHOTOGRAPH HERE
--	--

1.	NAME				
2.	FATHERS'S/HUSBAND'S NAME				
3.	DESIGNATION				
4.	DATE OF BIRTH				
5.	BLOOD GROUP*				
6.	RESIDENTIAL ADDRESS	<hr/> <hr/> <hr/>			
7.	CONTACT NO. IN CASE OF EMERGENCY				
8.	WHETHER DIABETIC	YES		NO	
9.	WHETHER ANY I-CARD HAS BEEN ISSUED	YES		NO	
10.	TELEPHONE NUMBER:-				
	OFFICE:	<hr/>			
	RESIDENCE:	<hr/>			
	MOBILE:	<hr/>			
11.	EMPOYEE CODE NO.				

DATE:	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> <div style="text-align: center; background-color: #cccccc; padding: 5px;"> (SIGNATURE OF APPLICANT) </div>
-------------	--

REASONS (Tick (✓) Mark Only)	PROMOTION		NEW APPOINTMENT	
	CHANGE OF ADDRESS		DEFACE	
	LOST		BROKEN CARD	

For Staff Member

HIGH COURT OF DELHI AT NEW DELHI

Application for issuance of RFID Tags to the Staff Member of this Court for parking four wheelers at Automated Underground Multilevel Car Parking.

1. Name of the Applicant:
(in Capital Letters)

2. Father's /Husband's Name:

3. Designation:

4. Date of Birth:

5. Gender:

6. Date of joining of service in this Court: _____

7. Employee Code No. G/NG _____

8. Driving Licence No. and date _____

9. Contact Nos.: Mobile _____

Office _____

Resident _____

10. Address -Office:

Residence:

11. e-mail ID, if any.

12. Owner of the Vehicle

13. Owner's Relationship with the Staff Members

Date: _____

Signature: _____

Recommended by:

Signature:
of concerned Registrar
along with seal

Date: _____

Note:-

- i) Recommendation to remain valid upto six months only.
- ii) In case any officer/official ceases to be an employee of this Court, the concerned Joint/Deputy Registrar will inform Joint Registrar (Genl.) immediately.
- iii) Requisite undertaking in the form of letter to be enclosed for getting free of cost RFID Tag.

Dated:

To

The Registrar (General Admn.)
High Court of Delhi,
New Delhi.

Subject: Issuance of RFID Tag.

Sir,

Kindly issue me RFID Tag for my car No. _____ for parking the same
in Delhi High Court, Underground Automated Multilevel Car Parking.

Yours' faithfully,

Name:
Designation:
Court/Branch:
Employee Code:

Please issue

Administrative officer Judicial (Genl.)
Delhi High Court
New Delhi

CCCL

FORM I

Form of Surety Bond

KNOW ALL MEN BY THESE PRESENTS THAT I..... son of resident of in the District of at present employed as a permanent..... in the..... (hereinafter called "the Surety") am held and firmly bound up to the President of India (hereinafter called "the Government" which expression shall include his successors and assignees) in the sum of Rs. (Rupees..... only) with interest as hereinafter specified and all cost between attorney and client and all charges and expenses that shall or may have been incurred by or occasioned to the Government to be paid to the Government FOR WHICH PAYMENT to be well and truly made I hereby bind myself, my heirs, executors, administrators and representatives firmly by these presents. as witness my hand this and representatives firmly by these presents. As witness my hand this day of two thousand and

WHEREAS the Government has agreed to grant to son of resident of in the District of at present employed as temporary in the (hereinafter called, "the Borrower") at the Borrower's own request an advance of Rs..... (Rupees..... only) for the AND THE BORROWER has undertaken to repay the said amount in equal monthly instalments with interest as calculated at the rate and in the manner prescribed under Rule 20 and Government of India's Decisions (1) and (2) thereunder of the Compendium, thereon or on so much thereof as shall for the time being remain due and unpaid calculated at fixed Government rates in force for Government loans from the day of the advance.

AND WHEREAS in consideration of the Government having agreed to grant the aforesaid advance to the Borrower the Surety has agreed to execute the above Bond with such condition as hereunder is written.

NOW THE CONDITION OF THE ABOVE WRITTEN Bond is that, if the said Borrower shall, while employed in the said..... DULY and regularly pay or cause to be paid to the Government the amount of the aforesaid advance owing to the Government by instalments with interest as calculated in the aforesaid manner thereon or on so much thereof as shall for the time being remain due and unpaid calculated at fixed Government rates in force for Government loans from the day of the advance until the said sum of Rs. (Rupees..... only) with interest as calculated in the aforesaid manner shall be duly paid, then this Bond shall be void, otherwise the same shall be and remain in full force and virtue.

BUT SO NOTWITHSTANDING that if the Borrower shall die or become insolvent or at any time cease to be in the service of the Government, the whole or so much of the said principal sum of Rs.(Rupees..... only) thereof as shall then remain unpaid and the interest due on the said principal sum calculated in the aforesaid manner from the day of the advance shall immediately become due and payable to the Government and be recoverable from the Surety in one instalment by virtue of this Bond.

The obligation undertaken by the Surety shall not be discharged or in any way affected by an extension of time or any other indulgence granted by the Government to the said Borrower whether with or without the knowledge or consent of the Surety.

The Government have agreed to bear the stamp duty, if any, for this document.

.....

(Signature of Surety)

(Designation).....

Office to which attached.....

In the presence of

(i).....

(ii).....

SURETY BOND

I, Shri/Smt./Km. _____ Son of Shri/Smt. _____ presently employed at _____ hereby stand surety (which expression shall include my heirs, executors and administrators) to the President of India (herein after called assignees) for payment by Shri/Smt./Km. _____ of Licence Fee and other dues in respect of the residents now allotted to him by the Government and also for any residence additional accommodation, extra servant quarters, or garrage that may be allotted to him from time to time by the Government..

I, the surety, shall indemnify the Government against all loss and damages until delivery of vacant possession of the same is made to the Government. I, the surety hereby undertake to pay the government forthwith on demand by the government and without demand all such sums as may be at liberty (and hereby irrevocable authorise to do so to recover the said sums from the salary payable to me and the decision of the Government as to the amount is to be recovered shall be final.

The obligation undertaken by me shall not be discharged or in any way affected by an extension to time or any other indulgence granted by the Government to the said Shri (Name of the allottee) _____ or any other matter of thing whatsoever which under the law relating to sureties would but for this provision have the effect so releasing me from such liability.

This guarantee, shall not be discharged by my death nor shall it be recoverable by me at any time, except with the consent in writing of the Government until the delivery of vacant possession of any such residence servants quarter or garrages, which is in occupation of the allottee.

Provided, however, that this guarantee shall in so far as to terminate from the date Shri/Smt./Km. _____ has declared permanent Government servant or quasi permanent in any service in the Government of India.

The Government have agreed to bear the stamp duty, if any, for this document.

Signed and delivered by the	(Signature of Surety)
Said (Surety) _____	Designation :
At the New Delhi, dated _____	Office to which attached.
Signature, address and occupation of witness :	_____

Signature, address and occupation of witness :	_____

Certified that the above surety is a permanent government servant. He is _____ years of age and his pay is Rs. _____ per month.

Dated	Signature of the Head of the Department or the Office in which the Surety is employed Office Stamp
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Government of India

Directorate of Estates**Application for Acceptance / Technical Acceptance of General Pool Residential Accommodation**Photo
(Passport Size)

To:

**Directorate of Estates
Nirman Bhawan
New Delhi - 110108****INSTRUCTIONS:**

- Please fill up the form in **BLOCK LETTERS** only.
- Fill dates as day (01-31), month (01-12) & year (2009) in the format **DD-MM-YYYY**.
- Please tick (✓) wherever required to do so.
- Please enclose a copy of Allotment Letter.

Registration Number of Allottee (Printed in Allotment Letter)	Allottee Account Number (AAN) (To be filled up if allotted)	Date of Receipt (To be filled by Directorate of Estates)

Allotment Details					
Allotment Offer Accepted	Allotment Offer Technically Accepted	As per Allotment Letter (Enclose copy of the Allotment Letter)			
		Date of Priority / Date of Eligibility	Pool from which allotted	Date of Allotment	Allotment ID

House Allotted by Directorate of Estates					
House Type	Locality	Sector	Block	House No	Floor
The Allotment is in lieu of the House (if any)					
House Type	Locality	Sector	Block	House No	Floor

Personal & Service Details											
1. Full Name of Allottee	Justice / Shri / Smt. / Dr. / Er. / Km / Ms.										
2. Name of Father / Spouse											
3. Designation											
4. Department / Organization											
5. Ministry / State Government											
6. Are you working in an eligible office of Central / State Government?			7. Group of Service				8. Service Status				
Central Government	State Government	A	B	C	D	Temporary	Permanent				
9. Service to which Officer belongs						10. Service Batch Year			11. Service Cadre		
IAS	IPS	IFS	Other Services								
In case of Other Services , please indicate the name of Service						12. Date of Entry in Group A Service					
13. a) Date of Birth						b) Date of Retirement on Superannuation					
14. a) Date from which continuously employed in Govt. Service						b) Date from which continuously posted at Delhi					

Signature of the Forwarding Officer

Signature of the Applicant

15. Sex		16. Marital Status				17. Category		
Male	Female	Single			Married	General	SC	ST
		Unmarried	Widow / Widower	Divorcee				
18. Pay Details								
a) Pay Band / Pay Scale (Rs.)			c) Present Grade Pay (Rs.)		e) Present Band Pay (Rs.)		f) Present Basic Pay (Rs.) (Band Pay + Grade Pay)	
b) Pay Fixation Order based on 6 th Pay Commission attached. Please tick (✓)				d) Present Grade Pay continuously drawn from				
YES		NO				-		-
19. Source from which Pay is drawn								
Consolidate Fund of India (Please tick ✓)		Other Sources (Please specify)			Treasury / Pay and Accounts Office from where pay is drawn			
20. Details of Postings of the Allottee since 01-01-2001 to present date								
Sl. No.	Place of Posting	Office Posted in	Period of Posting					
			From	To				
a)								
b)								
c)								
d)								
21. Are you entitled for House Rent Allowance (HRA)?		22. Are you entitled for free accommodation?		23. Are you to pay rent as applicable to rent Defence Officers?				
Yes	No	Yes	No	Yes	No			
24. Are you debarred from allotment of Govt. residence?								
Yes		No		If Yes, up to which date				
					-			
25. Deputation to Central Government for AIS and Non-AIS Officers								
a) Are you on deputation to Central Govt. ?		b) If yes, Deputation to Central Government since			c) Tenure is up-to			
Yes	No		-		-			
		d) Pay fixed on joining Central Deputation (in Rs.)						
e) Duration of Deputation (in Year)		a) Pay Band / Pay Scale (Rs.)	c) Grade Pay (Rs.)	e) Band Pay (Rs.)	f) Present Basic Pay (Rs.) (Band Pay + Grade Pay)			
26. Surety Details for Temporary Officials								
Name of Surety								
Designation								
Date of Retirement			-		-			
Office / Ministry								
Address of Surety								

Signature of the Forwarding Officer

Signature of the Applicant

27.	Are you / your spouse occupying accommodation allotted by / from Directorate of Estates (DoE). If yes, please give details :				Yes	No	
	Allottee's Name →						
	House Type	Locality	Sector	Block	House No.		
28.	Are you / your spouse occupying accommodation allotted by / from any Departmental Pool / State Government Pool?				Yes	No	
	If yes, please give details	Department / State Government with Office address					
		Name of Allottee					
		Address of House					
		Date of Allotment					
29.	Do you / your spouse / your dependent children own a house within the jurisdiction of Local Municipality or any adjoining municipality?			Yes	No		
	If yes, please give details	Owner's Name	Relationship with Applicant	Address of House			
		Rateable Value of House per annum, if any			Monthly Rental Income, if any		
30. Particulars of CGHS Card							
CGHS Card Number		Date of Issue			No. of members included in the Card		
31. Particulars of family members							
S. No.	Name		Age	Relation with the Allottee			
(a)							
(b)							
(c)							
(d)							
(e)							
(f)							
32. Address of Place of Duty of the Applicant		33. Local Residential Address		34. Permanent / Home Town Address			
Phone		Phone		Phone			
Fax		Mobile		E-mail			
35.	List the documents enclosed						
	(a)				(b)		
	(c)				(d)		
	(e)				(f)		

Signature of the Forwarding Officer

Signature of the Applicant

DECLARATION BY THE APPLICANT

I declare as under:

1. I shall keep Directorate of Estates informed whenever I or my Spouse / dependent children acquire a house in the local or adjoining municipality or there is a change in the rental income.
2. I do not stand debarred for Government accommodation.
3. No other government accommodation is allotted to me or to my wife / husband on the date either by the Directorate of Estates or by the Department of Rehabilitation or by other Government Organization or local body

OR

I undertake to vacate the accommodation allotted to me or my spouse within the stipulated period.

4. That I have been continuously employed in an eligible office located in eligible zone since the date of my application for allotment of General Pool Residential Accommodation. I undertake to keep the Directorate of Estates informed about my transfer within / outside Delhi or to an office ineligible for General Pool Residential Accommodation.

Date: _____

Signature of the Applicant

Signature of the Forwarding Officer

TO BE FILLED IN BY THE FORWARDING OFFICE

Office ID (10-digit ID)			Endorsement No.				Date				
Office											
Category of Office Please tick (✓)	Central Government							State Government			
	Ministry	Department	Attached Office	Subordinate Office	Autonomous Body	Statutory Body	Other				
Name of Applicant											
Designation											
Date of continuous employment of the applicant under Government Service				Present Grade Pay		Present Band Pay		Present Basic Pay			
		-									
Marital Status of the Applicant											
Unmarried		Married			Widow		Widower		Divorcee		

1. Forwarded to the Directorate of Estates, Government of India, New Delhi.
2. Certified that all the information mentioned by the applicant in this application and mentioned above by the undersigned are verified from the records and found to be correct.
3. It is also confirmed : -
 - a) The applicant / allottee is a permanent employee of this Ministry / Office.

OR

The applicant / allottee is a temporary Government servant and surety on the prescribed form duly completed is enclosed.

 - b) The date of priority / eligibility of the applicant for type _____ accommodation is _____.
 - c) Certified that the applicant is employed in an eligible office for allotment of General Pool Residential Accommodation and has not been **debarred** from allotment of General Pool accommodation.
 - d) Certified that the applicant is entitled / not entitled to rent free accommodation.
4. For applicants employed in offices of Government of NCT of Delhi only: -
 - a) Certified that the applicant is not eligible for allotment from any Departmental Pool other than Delhi Administration Pool.
 - b) Certified that no officer junior to the applicant has been allotted in-turn accommodation from Delhi Administration Pool / CBI Pool / Hospital Pool etc.

Signature with Date : _____

Name _____

Office Seal

Designation _____

Phone _____

E-mail _____

Note - The staff of Government of NCT of Delhi eligible for General Pool Residential Accommodation are also required to produce a certificate that they are not eligible for securing allotment of accommodation from any departmental pool except Delhi Administration Pool. The certificate will also indicate that no junior to the applicant had been allotted in-turn allotment from Delhi Administration Pool.

Please contact **Information Facilitation Centre** at Nirman Bhawan (Ground Floor, Near Gate No.2) for any allotment related information on working days between 10.30 AM to 4.30 P.M.
E-mail : ddccomp-estates@nic.in **Website:** <http://estates.nic.in> **Phone:** 23022199 Ext. 2890

To

The Registrar General,
Delhi High Court,
New Delhi.

Sub: **Tuition Fee Reimbursement for the financial year** _____.

Sir,

Please find enclosed herewith receipts of Tuition fee paid by me in respect of my child/ children as under:

S. No.	Name of the Child/ Children	School	Class	Period	Amount of Tuition Fee Paid.

It is, therefore, requested that I may kindly be sanctioned Tuition fee as admissible under the Rules. I also certify that Tuition fee has been actually paid by me. My wife/ husband is / is not in Government services. A certificate from the office of the spouse regarding non claimant of Tuition fee is enclosed.

It is further certified that Tuition fee is being claimed for the two/ one eldest surviving child/ children.

Thanking you.

Yours faithfully,

Signature/ Name: _____

Designation: _____

Employee Code: _____

HIGH COURT OF DELHI AT NEW DELHI

Dated

Performa for Issuance of Stickers for Parking of Two Wheeler Vehicles

1. Employee No.
2. Name
3. Designation
4. Date of Superannuation
5. Father's Name
6. Mobile No.
7. Address
8. Vehicle Registration No. **Scooter/Motorcycle**.....
9. Owner of the Vehicle
10. Owner's Relationship with the Staff Members
11. Owner's Address

(SIGNATURE)