दिल्ली विकास प्राधिकरण
DELHI DEVELOPMENT AUTHORITY
नीति एवम् समन्वय( कार्मिक)
POLICY & COORDINATION (PERSONNEL)
सप्तम तल ,ब्लॉक-बी ,विकास सदन ,नई दिल्ली
7th Floor, Block-B, Vikas Sadan, New Delhi

Sub: To be Uploaded on DDA's Website - Simplified Forms of DDA

The National Centre for Good Governance (NCGG) in consultation with DDA and MoHUA, conducted a detailed exercise to identify and thereafter simplify "forms" in DDA which are in practice. Finally, NCGG has submitted their report containing 32 simplified forms. These 32 forms are enclosed herewith.

The Dy. Director (Systems) is requested to upload department-wise all the 32 forms on DDA's website.

Encl.: As above

(Neeru Bhasin) Dy. Director, P&C(P)

The Dy. Director (Systems)

U.O. No.: F4(39)2018/P&C(P)/338

Date:18/9/18

#### Copy to the:

1. PS to the Commissioner (Personnel), for kind information of the latter.

#### INDEX

#### Sports:

	Sports:	
S.No.	Name of the Form	
1.	Membership Application Form	
	RWA:	
2.	Resident Welfare Association Maintenance Request Form	
	Housing:	
3.	Application Form for Flat Allotted by DDA (Allottee Case)	
4.	Application Form for Flat Allotted by DDA (Attorney Case)	
5.	Application Form for Aawasiya Yojana	
	Engineering:	
6.	Application form for Booking of Community Hall/ Open Spaces	
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Upload here coloured passport size photograph (2\*2 Inch)

### Membership Application Form

Select type of membership					
© Permanent	C. Temporary	C Special Ter	mporary	C Senior Citizen	
Category of Membership				Semor Citizen	
	General Govt. Employe	e			
Details of Applicant					
Name			Date of Birt	h	
Gender: Male Female	Others Marital Status:	Single Marrie	d Nationality	: Indian	Foreign
Name of Mother Fath	er Husband Spouse				
Details of Address Residentail:					
House No./Street/Road	A lossomalistic re	Sta	te	Select	¥
City	—Select—	Dist	rict	Select	-
Pin Code		Mobile/	Phone		
. Fax		E-ma	ail ID		
Official:			1		
House No./Street/Road		* Sta	ite	Select	-
City	—Select—	Dist	rict	Select	
Pin Code		Mobile/	/ Phone		
Fax		. E-mā	il ID		
Details of Occupation Type of Occupation	Service	Business [] F	Profession	Others	
Name of Occupation					
Details of Education					
Educational Qualification	HSS Graduate Post- Grad	uate 🗌 Technical C	Sraduate 🗌 Other	S	
Details of Dependants (inclu	uding spouse)* who are to be enrolled				
Name:					
Relationship:				Uploa	
Date of Birth:				Photogr	apn
		4		A	DD
* Son, Daughter, Wife, Husband					
Documents Enclosed					
Residence/ ID Proof				UPLOAD	)
If Govt. servant, upload the em	nployer certificate/ Photocopy of Ident	ity Card		UPLOAL	
				OFLOAL	

**Details of Payment** Select Payment Method:

C NET BANKING C DEBIT CARD

CREDIT CARD



	Signature of Applicant
ate:	UPLOAD
Children and spouse between 5-21 years are dependant members;  In case of Permanent Membership, the subscription fee is ₹ 150/- per month dependant member from the date of approval of membership;  In case of Sr. Citizen Membership, the subscription fee is ₹ 90/- for the mem Sr. Citizen) per month;	h for the member and ₹ 70/- per month for each observance and ₹ 70/- for spouse (₹ 40/- if spouse is also a rand ₹ 210/- for each dependant member + $15\%$

121

#### ACKNOWLEDGEMENT

Application No.	

#### Delhi Development Authority Dwarka Sports Complex, New Delhi

Received from Mr./Ms./Mrs	
application for membership of DCS and the amount in th	ne form of Net Bankng/ Debit Card/ Credit Card in favour of " Sr. AO
AU Sports DDA".	
Date:	Signature of Receiving Clerk with stamp



### Resident Welfare Association Maintenance Request Form

Registered	Mobile No. of the Resident			
	GE	ТОТР		
	1			
Details of Resident				
Name				
Details of Address				
Area		Select		-
Road		Building	3 3 7 3 1	
Flat No.		Room No.		
Pin Code .		Mobile/ Phone		
E-mail ID			1	
Details of Maintenance				
	Type of Problem (Tic	k (v) whichever is applicable	e)	
☐ Electrical ☐ Security	Heating Plumbing	Internet Pest Control	External Grounds	Gas (LPG)
Date occured DD - MM	- Y Y Y Y Problem cause	ed by		
Description (Optional)				
Item to be fixed		7		
If any other proble	em is to be fixed, then mentio	n here		
	n H2/m39/m2			
	3	UBMIT		
	**************************************	45 Carlotte Residential		



# Form: C-1 (ALLOTTEE CASES) APPLICATION FORM FOR CONVERSION INTO FREEHOLD OF FLATS ALLOTTED BY DELHI DEVELOPMENT AUTHORITY

Upload here coloured Photograph of the Allottee/ Lessee/ Mutatee

UPLOAD

				UPLOAD
File No.				
Details of Allottee				
Name of the first Allottee o	r Lessee or Mutatee			
Name of Mother or Fa	other or Husband			
Mutatee (If Applicable)	Allottee Lessee ther or Husband			
Details of Address				
Correspondence:				
House No./Street/Road		State	Select	*
City	—Select— 🔻	District	Select	*
Pin Code		Mobile/ Phone		
E-mail ID				
	address is same as permanent add	dress YES NO	(If No, then provide th	e details below)
Permanent: House No./Street/Road		State		
City	Colori	District	Select	Y
Pin Code	—Select— •		Select	*
E-mail ID		Mobile/ Phone		
Details of Flat allotted by DI	DA		* 10 10 10 10 10 10 10 10 10 10 10 10 10	
Name of the Colony				
Flat No.	Category		Floor	
Sector	Block		Pocket	
Whether property is Mortgage				YES NO
If yes, then No Objection Certif	icate to be uploaded			UPLOAD
	ending in the court of law or other	wise regarding the title of	the property/flat	YES NO [
under reference				
	DOWNLOAD and fill the following do to the authority in case of the time of		ime)	
Affidavit			DOMPHOAD	UPLOAD
Indemnity Bond		7	PICITANISCIAC	UPLOAD
Undertaking		N. A.	DOWNBOAD	UPLOAD
			THE COLUMN TWO IS NOT THE OWNER OF THE PARTY	The state of the s
Date: D D	- M M - Y Y Y Y		ure of Allottee/ Les	see/ Mutatee

Signature of Attorney

UPLOAD



## Delhi Development Authority

Form: C-2 (ATTORNEY CASES)

APPLICATION FORM FOR CONVERSION INTO FREEHOLD

OF FLATS ALLOTTED BY

DELHI DEVELOPMENT AUTHORITY

Upload here coloured Photograph of the Attorney/ Applicant

UPLOAD File No. Details of Allottee Name of the first Allottee or Lessee Name of Mother or Father or Husband Name of the Second/ Joint Allottee, If applicable Name of Mother or Father or Husband Name of the Attorney Name of the person in favour of whom conversion is **Details of Address** Correspondence: House No./Street/Road -Select-City -Select-District -Select-Pin Code Mobile/ Phone Whether the correspondence address is same as permanent address YES NO (If No, then provide the details below) Permanent: House No./Street/Road State -Select-City -Select-District Select-Pin Code Mobile/ Phone E-mail ID Details of Flat allotted by DDA Name of the Colony Flat No. Category Floor Sector Block Pocket YES NO Whether property is Mortgaged? If yes, then No Objection Certificate to be uploaded UPLOAD YES NO Whether there is any dispute pending in the court of law or otherwise regarding the title of the property/flat under reference Documents Enclosed (Please DOWNLOAD and fill the following document, then UPLOAD the same) (Manual copy should also be send to the authority in case of the time of allotment) DOWN CAD **UPLOAD** Affidavit UPLOAD Indemnity Bond CLONNINESALO UPLOAD Undertaking

DD-MM-YYYY

Date:

Mobile No



#### Form No.

Upload here Applicant's / Joint Applicant's Photograph

UPLOAD

Details of Applic	ant		
Name of the Appli	cant		to the state of th
Name of Moth	ner or Father or Spouse .		
Gender	Male Female Transgender	Date of Birth	DD-MM-YYYY
Category	—Select—	Nationality	—Select— 🔻
Aadhaar No.		PAN No.	
Details of Addre	SS	,	
House No./Street	/Road	State	Select *
City	—Select— v	· District	—Select— *
Pin Code		Mobile/ Phone	
E-mail ID			1
	Second Applicant (If Applicable)		
	Second Applicant		
	reserved category) (As per Clause 2 (XI) or 2 (XII) of Eligibility)		
	ISE (If both husband & wife apply separately)		
	Spouse (If applied separately)		
	ocations (with code)		
1.	2.	ij,	. 6. 7.
Details of Bank		d based on	
Name of the Bank		Name of the Branch	
Account No.			
IFS Code			
Payment of App	olication		
Select Bank		Select	<u>·</u>
Mode of Paym		CREDIT CARD	INTERNET BANKING
	PAYN	ieVV	
	Business and a second		
	Declar		
[] I/we hereby	declare that I/we have carefully read and underst	ood the terms and con	ditions as in the brochure for alongwith the
instructions and	hereby agree to abide them. I/we fulfil the eligibil d that if I/we am/are not eligible as per conditions	ity criteria given in the	brochure to apply under the scheme, ly we
hapafit of recery	ation or has given false affidavit/information incli	uding quoting wrong P	AN number of suppressed any information,
the application/	allotments will therefore be rejected/ cancelled si	ummarily without issui	ng any show cause notice for the same. In
case, of such can	cellation/ rejection all payments deposited agains	st the application(s)/ al	lotment(s) shall be forfeited.
Date:	DD-MM-YYYY	Place:	The Chapter
	C. C	Sions	iture of Joint Applicant
	Signature of Applicant	Signe	The state of the s
	UPLOAD		UPLOAD

APPLICATION FORM FOR DDA AAWASIYA YOJANA

For Office Use Only

Application Received on	with the above mentioned particulars.	Applicant's / Joint Applicant's Photograph
	Authorized Signature of the	e Bank Official with Seal
	UPLQA	AD

## Delhi Development Authority APPLICATION FORM FOR BOOKING OF COMMUNITY HALL/ OPEN SPACES & PARKS

Ooto of Booking Book	ost				
Deta of Booking Requ				,	
Date of Booking	From (21) (21)	the care	10	1 1 - 1 - 101 - 111	
Booking area type	Select	· ·	Zone	—Si	elect— 🔻
Locality	Select	_	and Description		
Details of Applicant					
Name ·	· · · · · · · · · · · · · · · · · · ·		n interchance		
Age Select v	Aadhaar No. [ [ ] [ ] (Optional)	ricancın	]]]]] PAR	No.	
GSTIN (If any)		Whether the	applicant is an em	ployee of DDA	YES NO
Details of Address					
House No./Street/Road			State	—Sel	ect—
City	—Select—	*	District -	Sel	ect—
· Pin Code		IVI	bile/ Phone		
E-mail ID					
Type of Function	Family Function	☐ Marriage*	_ ] Religious	Ceremonies [	National Function
Function Name			7.1		
Category (AF)	—Select—	- A	ea Type (AF)	Build-up Area	Open Area
Floor No. Select-	Total Area in Sq. N	Itr. (AF)	Build	Area in Sq. Mtr. (Al	)
1	the rates click on this	,	119 226 139 196	/honking/check	rates asmi
For checking	Property of the Party of the Pa	NATIONAL PROPERTY OF THE PROPE	NUMBER OF STREET		Tark Salas pro
	TO SHARWAY THE PROPERTY OF MAKEN	te and Check A	Vallavilliy		
	Net Payable Amount (AF)		?		
<b>Documents Enclosed</b>					
Photograph of spouse in o	case of marriage function *				UPLOAD
					(W. LASTAN)
					11137332
Payment of Booking		wis ' Tow	our count of the	INTERNET RANGE	
Mode of Payment:	DEBIT C	CARD CR	DIT CARD	INTERNET BAN	
	DEBIT O	CARD CR	DH CARD	INTERNET BAN	
Mode of Payment:	DEBIT C	CARD CR		INTERNET BAN	
Mode of Payment:	DEBIT C	CARD CR		INTERNET BAN	

NOTE:

(AF) - Auto Flow

#### Personnel: Retiring Employees

S.No.	Name of the Form
1.	Application Form to be filled by the Head of Office for assessing Pension & Gratuity.
2.	Application Form for commutation of a fraction of pension without medical examination when applicant desires that the payment of the commuted value of pension should be authorised through pension payment order.
3.	Application form for specimen signature, thumb & linger impression and Joint photograph of the retiring employee (3 separate forms merged into 1).
4.	Application Form to be filled in by the retiring employee
5.	Application for Drawal of Pension through Central bank of India
6.	Application Form for Details of Family

#### Personnel: Scholarship forms

7.	Application form for grant of scholarship for higher technical/professional education for wards of staff in grade pay of Rs 4800/- (3 forms into 1).
8.	Application for grant of Relief of distress sickness etc.
9.	Application form for Women Empowerment activities including seminar C camps training gender sensitization camps etc.
10.	Application form for developing Occupational Skills
11.	Application form grant of Recreational Facilities



(Annexure –VI) Application Form to be filled by the Head of Office for assessing Pension & Gratuity (See rules 58, 60, 61, (1) and (3) or 65 (1)

Details of Retiring Emplo	yee				
Name .			Date of Birth	DD-	MM-YYYY
Father/Husband/Mother			Class of pension		VIII T T T
Date of joining of service			Date of superannuation of service		
Present Posting		and the second second	Last Posting		
Present or last appointme	ent including name of estable	ishment :		1	
Head of Account to which	pension and gratuity are de	ebit able			
Total period of military se	ervice for which pension and	gratuity was sanction	oned (it any)	-	
Amount and nature of an	y pension/gratuity received	from the military se	rvice		
Amount and nature of an	y pension/gratuity received	tor previous civil ser	vice		
Government under which	the service was rendered			m	Y-MM-DD
Obtain 'No Demand Certi	ficate' from the Staff Quarte	er Cell as provided in	Rule 57		
Assess the service and em	noluments qualifying for per	ision as provided in	Rule- 59		
Assess the outstanding du of staff quarter as provide	ies against the employee, or ed in Rule-73 (1)	ther than the dues r	elating to the allotment		
Details of omissions, impe Rule 59 (1) (b) (ii)	erfections or deficiencies in	the service book wh	ich have been ignored unde		
The length of qualifying so reckoned as thirty days)	ervice (for the purpose of ac	dding towards broke	n periods, a month is		
Periods of non-qualifying s	ervice		From	to	)
Interruption in service con	doned under Rule- 28		DD-MIM-YYY	DD-	MM-YYYY
Extra- ordinary leave not o	ualifying service		DD-MM-YYY	DD-I	MM-YYYY
Period of suspension not t	reated as qualifying		DD-MM-YYY	DD-I	MM YYYY
Any other service not trea	ted as qualifying		DD-IVIIVI-YYY	DD-	MM-YYYY
Emoluments reckoning to	r gratuity				
Average emoluments (en	noluments drawn during last	ten months of serv	ce):		
Post held	From .	То	Pay	Personal Pay	Average Emolument
Date on which Form-5 ha the date of retirement of	s been obtained from the er the employee).	nployee (to be obta	med eight months before	DD	MM-YYYY
Proposed pension		in and the same and	Proposed graded relief		
Proposed retirement Gratuity			Date from which Pension is to commence	DE	MM-YYYY
Proposed amount provisi the employee before reti	onal pension, if department rement	al or judicial procee	ding is instituted against		
Details of dues outstandi	ng against the employee re	coverable from gra	tuity:		
Licence fee for the allotme	ent of the staff quarter (see	sub-rules (2),(3) and	(4) of Rule-72)		

#### Form-1-A



#### Delhi Development Authority

(Annexure -VIII) Application for commutation of a fraction of pension without medical examination when applicant desires the payment of the commuted value of pension should be authorised through pension payment order (See rules 5(2) 12,13(3), 14 (1) & 15 (3)

lame		Father/Mother/Spouse/Hus	band
esignation	The state of the s	Date of Birth	DD-MM-YYYY
ast place of posting .			
ate of retirement on sup R 56(d)	oerannuation or on the expiry of e	extension in service granted under	
raction of superannuation	on pension proposed to be commu	uted	
isbursing authority from	n which pension is to be drawn aft	er retirement	
ldress			
louse lo./Street/Ròad		State	—Select— 💌
City/ Village	—Select— v	District	-Select-
in Code		Mobile/ Phone	
Pin Code		Mobile/ Phone E-mail ID	
ax ame of the Bank thro	ugh which the pension is to be Account Number	E-mail ID	Address
ax ame of the Bank thro		t-mail ID	Address
ax		t-mail ID	Address
ax  ame of the Bank through	indicate the fraction of the am	t-mail ID  If SC Code  ount of monthly pension (subje	



(Annexure -XII)

Application Form for Specimen Signature, Thumb & Finger Impression and Joint Photograph of the Retiring Employee

lame			Designation	
Pate of Birth	DĎ-MM-YYYY		Retiring on	DD-MM-YYYY
Signature 1	. [	Signature 2		Signature 3
Thumb	Forefinger	Widdle finger	Ring F	inger Little Finger
Single/Joint Photograph	Single/Joint Photograph	Single/Iol		Single/Joint
			ih	Single/Joint Photograph



(Annexure -V)

Application Form to be filled in by the retiring employee (See rules 59(1) (C) and 61 (1)

Name			Date of Birth	DD-N	IM-YYYY		
Date of Retirement	DD-MM-YYYY	A CONTROL OF A CONTROL OF THE PARTY OF THE P	Department/Office				
ddress			haria sanga sana	1			
House			State	—Sele	et— •		
City/ Village	—Select— 🔻		District	—Sele	ct— *		
Pin Code			Mobile/ Phone				
Fax		er halde om dysternal i variant in it man i sandan and	E-mail İD				
		-					
lame of the Bank throu	igh which the pension is to b	e drawn					
ist of documents to be	enclosed: (attested)						
					UPLOAD		
Three specimen signature		or husband to b	ne attested by the Hea	nd of office			
Three specimen signature Three Copies of passport	es size joint photograph with wife			ad of office	UPLOAD		
Three specimen signature Three Copies of passport	es			nd of office	UPLOAD UPLOAD UPLOAD		
Three specimen signature Three Copies of passport	es size joint photograph with wife articulars of height and personal			nd of office	UPLOAD		
Three specimen signature Three Copies of passport Two Slips showing the pa Details of the family in fo Indicate whether family p	es size joint photograph with wife articulars of height and personal orm-3 pension is admissible from any o	identification m	arks Itary of State Govt. ar		UPLOAD		
Three specimen signature Three Copies of passport Two Slips showing the pa Details of the family in fo Indicate whether family p	es size joint photograph with wife articulars of height and personal orm-3	identification m	arks Itary of State Govt. ar		UPLOAD UPLOAD UPLOAD		
Three specimen signature Three Copies of passport Two Slips showing the pa Details of the family in fo Indicate whether family is sector undertaking/autor	es size joint photograph with wife articulars of height and personal orm-3 pension is admissible from any onomous body/local body under the size of th	identification m	arks Itary of State Govt. ar		UPLOAD UPLOAD		
Three specimen signature Three Copies of passport Two Slips showing the pa Details of the family in fo Indicate whether family is sector undertaking/autor	es size joint photograph with wife articulars of height and personal orm-3 pension is admissible from any onomous body/local body under the size of th	identification m	arks Itary of State Govt. ar		UPLOAD  UPLOAD  UPLOAD  Signature		
Three specimen signature Three Copies of passport Two Slips showing the pa Details of the family in fo Indicate whether family is sector undertaking/autor	es size joint photograph with wife articulars of height and personal orm-3 pension is admissible from any onomous body/local body under the size of th	identification m	arks Itary of State Govt. ar		UPLOAD  UPLOAD  UPLOAD  UPLOAD		
Three specimen signature Three Copies of passport Two Slips showing the pa Details of the family in fo Indicate whether family is sector undertaking/autor Date: DD-MM-YYY	es size joint photograph with wife articulars of height and personal orm-3 pension is admissible from any onomous body/local body under the size of th	identification m	arks Itary of State Govt. ar		UPLOAD  UPLOAD  UPLOAD  Signature		
Three Copies of passport Two Slips showing the pa Details of the family in fo Indicate whether family p sector undertaking/autor	es size joint photograph with wife articulars of height and personal orm-3 pension is admissible from any onomous body/local body under the size of th	identification m	arks Itary of State Govt. ar		UPLOAD  UPLOAD  UPLOAD  Signature		

- 1. Two slips each bearing the LTI and finger impression duly attested may be furnished by person who is not literate to sign his name. If an employee on account of physical disability is unable to give left hand thumb and finger impression, he may give right hand thumb and finger impression. If the employee has lost both the hands, he may give his toe impression. Impressions should be duly attested by a Gazetted Officer of the DDA.
- 2. Two copies of the passport size photographs of self are to be furnished only if the employee is governed by Rule-54 of the CCS (Pension) rules, 1972 and is unmarried or a widower or widow.
- 3. Where it is not possible for an employee to submit a photograph with his wife or fier husband, he or she may submit separate photographs. Joint photographs shall be attested by the Head of Office.
- 4. Specify a few conspicuous marks, not less than two, if possible.
- 5. Any subsequent change in address should be notified to the Head of Office.

Dues referred to in Rule 7	3		
Whether nomination mad	le for retirement gratuity/death or	ratuity (please give No. of file/servi	
<b>O</b> ok)		atuity (please give No. of file/servi	ce ·
ner family pension 19	964 applies to the employee, and	if so:	
Emoluments reckoning fo	r the family pension		
The amount of the family	pension payable to the family of	the employee, if death takes plac	e after retirement:
Before attaining the age o			
After attaining the age of	67 years		Rs
			Rs
Address			
House .		State	—Seleci— v
No./Street/Road			Select— v
City/ Village	—Select— v	District	—Select—
Pin Code		Mobile/ Phone	
Fax		t-mail ID	
Name .	Account Number	IFSC Code	Address
Name .	Account Number	IFSC Code	Address
Name .	Account Number	IFSC Code	Address
		IFSC Code	Address
ist of documents to be	enclosed:	IFSC Code	
ist of documents to be Detail of height and perso	enclosed:	IFSC Code	Address
ist of documents to be	enclosed:	IFSC Code	
ist of documents to be Detail of height and perso	enclosed:	IFSC Code	UPLOAD
Details of the family in fo	e enclosed: onal identification marks orm-3	IFSC Code	. UPLOAD
Details of the family in fo	e enclosed: onal identification marks orm-3	IFSC Code	UPLOAD UPLOAD Signature
ist of documents to be Detail of height and perso Details of the family in fo	e enclosed: onal identification marks orm-3	IFSC Code	UPLOAD
Details of the family in fo	e enclosed: onal identification marks orm-3	IFSC Code	UPLOAD UPLOAD Signature
List of documents to be Detail of height and person Details of the family in for Date: DD-MM-YYY	e enclosed: onal identification marks orm-3	IFSC Code	UPLOAD UPLOAD Signature
List of documents to be Detail of height and person Details of the family in for Date: DD-MM-YYY	e enclosed: onal identification marks orm-3	IFSC Code	UPLOAD UPLOAD Signature



#### Application Form for drawal of Pension through Central Bank of India

AT P				
Name .			P.P.O. No	
Address				
House No./Street/Road			State	—Select— 🔻
City/ Village	Select v		District .	—Select— 🔻
Pin Code			Mobile/ Phone	
Fax		-	E-mail ID	
Details of the authorise	ed CBI		Branch where	
Details of the authorise	ed CBI			
			payment desired	
Pensioners bank Accou	unt details			
Name	Account Number	IFSC Code		Address
Name	Account Number	IFSC Code	•	Address
List of documents to b	e enclosed: (attested)			Address
List of documents to be Application form for Sp				Address
List of documents to b	e enclosed: (attested)			

Name	loyee		*			
Date of Birth			Designation			
	. DD	-MM-YYYY	Date of App	oint		
Details of the member			Т	omtment	DD-MM-YY	n
etails of the member Name	s of the family a		*			
		D.O.B	Relationship with			
		1200 hays - 12 p	notifying to the Head of O	The second secon	remarks	1
te: DD-MM-YYYY					Signatu	re
ace:						
	Se means familie					
ete: family for this purpo	se means family as	defined in clause (b	) of sub rules (14) of Rule	54 of the CCS	(Pension) Rules, 19	72.
	se means family as	defined in clause (b		54 of the CCS	(Pension) Rules, 19	72.
ite: family for this purpo unter signed by Head of	se means family as Office:	defined in clause (b	) of sub rules (14) of Rule  Designation	54 of the CCS	(Pension) Rules, 19	72.





(Annexure -VII) Application Form for Details of Family (See rules 54 (12)

etails of retiring employe	ee		
Name		Designation	
Date of Birth	DD-MM-YYYY	Date of Appointment	DD-MM-YYYY
etails of the members o	f the family as on:		
Name	D.O.B	Relationship with employee	e remarks
	Table Services		
Place: DD-MM-YYYY			Signature
Note: family for this purpose	e means family as defined in clause (b	o) of sub-rules (14) of Rule 54 of the	e CCS (Pension) Rules, 1972.
Counter signed by Head of G	Office:		
Name		Designation	
			Signature



#### Welfare Section

Application for grant of Scholarship for higher technical/professional education for staff in grade pay up to Rs.4800/-

			FORM-1 to 3
Name (	Father C Mother C H	usband's Name	
Designation	Date of Birth DI	D-MM-YYYY Date of	Apptt. in DDA DD-MM-YYYY
UID No. Pay Band	I/ Grade Pay (upload latest P	ay Slip UPI	OAD
Details of Department/Division			
Department/Division			
House No./Street/Road	500 C C C C C C C C C C C C C C C C C C	State	—Select—
City Select— → District	-Select	↓ Pin Code	COCC (
Mobile/Phone	Email ID		
Photocopy of Bank Passbook 1st Page UPLOA	D Photocopy of Famil	y Details . UPLOAD	,
Name of Scholar	Name of the course unde		
Duration of the course	from	to	T I
Full name of the Institution & name of University .			
Whether/Institution is recognized by Central/State G	ovt. & University details	UPLOAD	
Total Fees charges (excluding) Mess/Hostel .		UPLOAD	
Certificate from the Principal or Head of Institute  Certified that  this Institution and is at present studying in the I/II/  years. The academic session is.	Son/Daughter of Sh.		is a student of duration of the course is
The Institution is recognized by the The course is regular/corre	and is affiliated to	and the	examination is conducted by
He/She is not enjoying free ship and is not a recigranted merit-cum-means scholarship or others or I  The particulars of the fees is to be paid by the students of starting the course.  Date of starting the course.	dents under:-	olarship.	- DD-MMYYYY
	oming the institution.	Date from v	vhich fees paid.
Yearly amount of tuition fee. ₹ 1	* 1-,*		
It is also certified that the minimum education qu	alification for admission to t	the course, which the s	tudent is pursuine at Institution
class.			
Dated: DD-MM-YYYY	1 ye 8 - 1 - 1		
Seal of the	e Institution	Signature	of the Head of the Institute



#### Delhi Development Authority Welfare Section

Application for grant of Distress Sickness etc. for Staff in Grade Pay upto Rs.4800/-

Medical Card No.			The second	Maria Maria Maria	FORIVI-4
Name	CFatt	ner C Mother	( Husband's Name	T	
Designation		Date of Birth		11	
UID No.	Pay Band/ Gra	de Pay (upload la		of Apptt. in DDA	DD-MM-YYYY
Details of Department/Division	- ay barray dra	истау (приванта	test Pay Slip	JPLOAD	
Department/Division					
House No./Street/Road					
City —Select—	District		State	—Select-	
Mobile/Phone		—Select—	Pin Code		
Photocopy of Bank Passbook 1st Page		fmail ID			
	UPLOAD	Photocopy of I	UFIC	DAD	
Leave on till Date DD-MM-Y	YY	Sick from whic	h Date	DD-MM-Y	m
Last salary drawn	DD-MM-YYYY	Without sa	lary from which Date	DD-MM-Y	m
It any leave					
Leave not due but sanctioned		Letter of same	ction of leave without pay	UPLOAD	
Duration		Date	DD-MM-YYYY	1	1
Signature of the Employee  Name of the Hospital at which employee i	s/was admitted		Signature of the l	eave account ho	
Name of the Hospital whether empaneled					DD-MM-YYYY
for that disease or not			Name of the disea	ise ]	
employee is sick from			date leave is going	gon from	DD-MM-YYYY
Discharge date but still ill DD-MM-Y	TTY Employe	ee got the fitness	Certificate on		DD-MM-YYYY
				Signatur	re of Doctor
Name of Doctor (E)		Designation.			
Letter No.	4. 75 0 1				
Date: DD-MM-YYYY					
Personnel Officer, DDA for necessary action					
· · · · · · · · · · · · · · · · · · ·	on.				
			Signature of	the Assistant Ac	count Officer 1
			Signature Of	THE AGAISTAIN AC	Count Officer
Name	Designatio	n. [			
				Ollic	e Stamp
				Offic	- Orang



#### Delhi Development Authority Welfare Section Staff Benefit Fund

Application for activities for Woman Empowerment including Seminar Camps training gender sensitization camps etc.

FORM-5

РНОТО

Name		l G c n	ier C Mother	/ Unit sure	Name   [		
		1 (* Pati		[ · p			
Designation			Date of Birth	DD-WM-XXX	Date of Appl	tt. In DDA	DD-MM-YYYY
JID No	PayE	Band/ Gra	de Pay (upload l	atestPay Slip	UPLOAD		
Details of Department/Division							
Department/Division							
House No./Street/Road			-	State		Select-	
City Select—	Distri	ict	—Select—	y Pi	n Code		
Mobile/Phone		-	tinail10				
Photocopy of Bank Passbook 1 <sup>24</sup> Pag	e Uf	PLOAD	Photocopy of	Lamily Details	UPLOAD		
The employee photo is to be attested where the employee photo is to be attended any camp in the defiance would result in action as of the employee photo in the employee photo is to be attended any camp in the defiance would result in action as of the employee photo is to be attended any camp in the defiance would result in action as of the employee photo is to be attended any camp in the defiance would result in action as of the employee photo is to be attended any camp in the defiance would result in action as of the employee photo is to be attended any camp in the defiance would result in action as of the employee photo is to be attended any camp in the defiance would result in action as of the employee photo is to be attended any camp in the defiance would result in action as of the employee photo is to be attended any camp in the defiance would result in action as of the employee photo is t	d by the con y the Govern	ncern in-cl	based on numb  DECLARATIO	N lations as prescrib			
Signature/ Stamp of In-Char	1		*		S	iqnature o	f the Employee
			Medical Certifi	cate			
It is certified that Smt.			W/o D/	u l			
Designation		ро	ssesses good he	alth for travel.			
					Signature/Stan	up of the N	fedical Officer



## Delhi Development Authority Welfare Section Staff Benefit Fund

Application for development of Occupational Skills of disabled DDA employees including Seminars, camps etc. and giving aides to their wards, special software etc. and organizing workshops

FORM-6

	-				
Name	(*)	Father C Mother	Husband's	Name	
Designation		Date of Birth	DD-MM-YYYY	Date of Apptt. in DDA	DD-MM-YYYY
UID No.	Pay Band/	Grade Pay (upload lat	est Pay Slip	UPLOAD	
Details of Department/Division					
Department/Division					
House No./Street/Road			State	- Select	
City —Select—	District	—Select—	V Pi	n Code	
Mobile/Phone .		Email ID			
Photocopy of Bank Passbook 1st Page	UPLOAD	Photocopy of F	amily Details	UPLOAD	
'Physically/Mentally challenged (Details/	Certificate)	UPLOAD			
Tick option (s) from the following:					
Frequirement of wheel chairs ( Re	quirement of	crutches @ Require	ment of sewing	machines	
© Computer training specially designed					
Note: Final decision will be taken by the	Governing B	ody based on number	of option(s) rec	eived from the Applicants	
		. *		Signature c	f the Employee





DD-MM-YYYY

## Delhi Development Authority Application for the Allotment of Staff Quarter

Grade Pay Limit C Ro. 4700 c. 5		FORM-A
Grade Pay Limit	(s. 4200 to Rs.4800/- C	Rs. 5400 to Rs.6600/
The state of the s		
Name of Father Mother Husband's		
Designation	Date of Birth	
Grade Pay as on 1 <sup>st</sup> April of the current Financial Year	DD	-ММ-ҮҮҮҮ
Office Address where posted		
House No./Street/Road		
City — Select — District Salect	State	-Select-
Mobile/Phone	- ] , Pin Code	
Pool under which you are applying General Root G. C. C.		
Schelar Poor   SC Poor   ST Poor	ol C Ladies Pool	
Date of work-charge apptt. (if applicable) DD-MM-YYYY Date of appoint	unent on regular Establishn	nent.   DD-MM-YYY
DD-MM-YYYY		
Present Correspondence Address		
House No./Street/Road	State	Select-
City District Select -	Pin Code	
mail ID		
Whether having accommodation facility from DDA or any other Govt. Organisations		
If yes, give full details)   Did you applied the	1 100	
Grounds/ Reason of Request for Change of Floor/ Locality	Yes C No If any	
Whether you are a regular employee of DDA?  Details of house which the spouse/his wife/her husband and children own within to adjoining municipal area.	are on deputation in DDA?	OD-MM-YYYY  Yes ( Noticipality or any
louse No. Place		
lame of Owner Monthly Kent		
Nadhaar Card No.	₹	
Whether your wife/husband/member of family residing with you are in the services of tate Government/Government controlled unit?	of Central Government/	C Yes C No
oive details if Yes.		The second secon
A STATE OF THE STA		
hoice: (Only 2 choice shall be considered) (1)	(2)	
hoice: (Only 2 choice shall be considered)  Vill you accept the allotment if not made at the place of your choice?	(2)	C Yes C No
hoice: (Only 2 choice shall be considered)  Vill you accept the allotment if not made at the place of your choice?	(2)	
hoice: (Only 2 choice shall be considered)  (1)  (ill you accept the allotment if not made at the place of your choice?  Declaration  Certified that I have read, the rules governing the allotment of house in Delhi to arnished by me are correct and nothing has been concealed by me and the allotment.	(2) the officers of DDA and dement given to me/allotmen	
Certified that I have read, the rules governing the allotment of house in Delhi to arnished by me are correct and nothing has been concealed by me and the allotment of house in Delhi to arnished by me are correct and nothing has been concealed by me and the allotment of house in Delhi to arnished by me are correct and nothing has been concealed by me and the allotment of houses to the officers of DDA.	nent given to me/allotmen	clare that the particular
hoice: (Only 2 choice shall be considered)  Vill you accept the allotment if not made at the place of your choice?  Declaration  Certified that I have read, the rules governing the allotment of house in Delhi to unished by me are correct and nothing has been concealed by me and the allotment the rule governing the allotment of houses to the officers of DDA.  I undertake the without written prior approval for the Vice-Chairman, I will not ave no need of the house or whenever I will not be entitled for allotment of it I will yer its vacant possession to DDA. I will pay licence fee, electricity, water bill and allotment of the place of t	t rent the house fully or an	clare that the particula it already given to me
hoice: (Only 2 choice shall be considered)  Vill you accept the allotment if not made at the place of your choice?  Declaration  Certified that I have read, the rules governing the allotment of house in Delhi to arnished by me are correct and nothing has been concealed by me and the allotment of the rule governing the allotment of houses to the officers of DDA.  I undertake the without written prior approval for the Vice-Chairman, I will not ave no need of the house or whenever I will not be entitled for allotment of it I will ver its vacant possession to DDA. I will pay licence fee, electricity, water bill and an ecclare that.	nent given to me/allotmen t rent the house fully or an ill vacate the house and wil my other fee before giving	clare that the particula it already given to me by part of it. When I w I be responsible to had the possession. I furth
hoice: (Only 2 choice shall be considered)  Vill you accept the allotment if not made at the place of your choice?  Declaration  Certified that I have read, the rules governing the allotment of house in Delhi to arnished by me are correct and nothing has been concealed by me and the allotment of the rule governing the allotment of houses to the officers of DDA.  I undertake the without written prior approval for the Vice-Chairman, I will not ave no need of the house or whenever I will not be entitled for allotment of it I will ver its vacant possession to DDA. I will pay licence fee, electricity, water bill and an eclare that.  Lor my wife, husband or my minor children do not own a house within the jurisdic	nent given to me/allotment rent the house fully or an ill vacate the house and will my other fee before giving the control of local municipality or	clare that the particular already given to me by part of it. When I will be responsible to har the possession. I further adjoining municipality
Declaration  Certified that I have read, the rules governing the allotment of house in Delhi to urnished by me are correct and nothing has been concealed by me and the allotment of the rule governing the allotment of houses to the officers of DDA.  I undertake the without written prior approval for the Vice-Chairman, I will not ave no need of the house or whenever I will not be entitled for allotment of it I will ver its vacant possession to DDA. I will pay licence fee, electricity, water bill and an eclare that.	nent given to me/allotment rent the house fully or an ill vacate the house and will my other fee before giving the control of local municipality or	clare that the particular already given to me by part of it. When I was be responsible to har the possession. I further adjoining municipality and ining municipality.

as monthly income from this house.

Signature of Applicant

Certified that Sh./Smt./Km.	is working	in DDA since According
o the office record, his/her date of appointment on regular Estt. is		His/her Grade Pay as on 1st April of the
current F.Y. ₹	and currently the basic pay is	₹
		Signature of Pay & Disbursing Officer
		Name:
	Desig	nation:
		UPLOAD SEAL

Dated:

DD-MM-YYYY .



## Delhi Development Authority Welfare Section Staff Benefit Fund

Application for grant of Recreational Facilities viz holiday Camp study tour of employees/wards

FORM-7

.....

lame .	G Fatl	ner C Mother	C Husband's	Name		
Designation		Date of Birth	DD-MM-YYYY	Date of Ap	ptt. in DDA	DD-MM-YYYY
IID No.	Pay Band/ Gra	de Pay (upload la	test Pay Slip	UPLOA	aD	
Details of Department/Division						
Department/Division						-
louse No./Street/Road			State		Select-	- •
ity Select—	District	-Select-	↓ Pi	n Code		
Mobile/Phone		Email ID				
hotocopy of Bank Passbook 1st Page	UPLOAD	Photocopy of	Family Details	UPLOAD		
Visit of a Newspaper Printing Press Okhla Bird Sanctuary (* Garden of Chilla Park (Sanjay Jheel) (* Visit he employee photo is to be attested by lote: Final decision will be taken by the will follow all rules/regulations as prescu	the concern inschange Governing Body	Kalindi Kunj (* tion Office harge based on numbe DECLARATION	Purana Kila Boa r of option(s) rec i son/my daughte	ting Park reived from the	tended any c	amp in the pa
or consideration by the administration.  Signature/ Stamp of In-Charge		Medical Certific	ate		Signature of	the Employee
It is certified that Smt.		W/o D/o	5			
Designation	pos	sesses good heal				
			e e	Signatu	rre/ Stamp of	Medical Offic

## INDEX

## Staff Quarter Section

.No.	Name of the Form
1.	Form-A Application Form for the Allotment of Staff Quarter (Type I to IV)
2.	Form-C Application Form for the Change of Staff Quarter (Type I to IV)
3.	Form-A Application Form for the Allotment of Staff Quarter (Type V to VII)
4.	Form-C Application Form for the Change of Staff Quarter (Type V to VIII)



# Delhi Development Authority Application for the Change of Staff Quarter

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FORIVI-C

Applying for Type CI.CII.CIII CIV
Grade Pay Limit Rs. 1300 to Rs.1800/ - Rs. 1900 to Rs.2800/ - Rs. 4200 to Rs.4800/ - Rs. 5400 to Rs.6600/ -
Name of the Applicant
Name of C Father C Mother C Husband's
Designation Date of Birth DD-MM-YYYY
Grade Pay as on 1st April 2014
Office Address where posted
House No./Street/Road , . State : —Select—
City —Select— v District —Select— v Pin Code
Mobile/Phone Email ID
Pool under which you are applying General Pool GSC Pool GST Pool GLadies Pool
Date of work-charge apptt. (if applicable) DD-MM-YYYY Date of appointment on regular Establishment DD-MM-YYYY
Date of Retirement DD-MM-YYYY
Present Residential Address for Correspondence
House No./Street/Road State Select
City Select District Select Pin Code
Email ID
Whether having accommodation facility from DDA or any other Govt. Organisations. (Yes C No
(If yes, give full details including date of allotment/ locality/type etc.)  Did you apply last year ( Yes ( No If any of allotment/ locality/type etc.)
Grounds/ Reason of Request for Change of Floor/ Locality
Are you debarred from allotment of Govt. residence C Yes C No II Yes, upto which date? DD-MM-YYYY
Whether you are a regular employee of DDA? C Yes C No Whether you are on deputation in DDA? C Yes C No
Details of the house which the officer/his wife/her husband and minor children own within the jurisdiction of local municipality or
any adjoining municipal area.  House No.   Place
₹1
Aadhaar Card No.
If Whether your wife/husband/member of family residing with you are in the services of Central Government/ State Government/Government controlled unit?
Give details If Yes.
Choice: (Only 3 choice shall be considered) (1) (2) (3)
Will you accept allotment if not made at the place of choice?
Declaration
Certified that I have read, the rules governing the allotment of house in Delhi to the officers of DDA and declare that the particular furnished by me are correct and nothing has been concealed and the allotment given to me/allotment already given to me is under the rule governing the allotment of houses to the officers of DDA.
I undertake the without written prior approval for the Vice-Chairman, I will not rept out the house fully or any part of it. When I will have no need of the house or whenever I will not be entitled for allotment of it I will vacate the house and will be responsible to han over its vacant possession to DDA. I will pay licence fee, electricity, water bill and any other fee before giving the possession. I further declare that.
Les munifes huchand es mu plans children de not que a bouse udible the justificien of local applicabilities es adiabatic annu bissilie.

For my wife/husband or my minor children own house(s) within the jurisdictions of local municipality or adjoining municipality and

I, my wife/husband or minor children have ₹

	Sig	jnature of Applicant
is working as		in DDA since
f appointment on regular I	Estt. is	He/She
sin	ce and curre	ntly the basic pay is
Si	gnature of Pay	& Disbursing Officer
Name:		production of the total control of the
Designation:		
		UPLOAD SEAL
		UPLOAD SEAL
		UPLOAD SEAL
	f appointment on regular sin	is working as fappointment on regular Estt. is since and current Since and current Signature of Pay

## Application for the Allotment of Staff Quarter Development Authority

Applying for Type (Level in Pay Matrix)	ne Allotment of Sta	aff Quarter
Grade Pay Limit C Rs. 7500		FORM-A
Name of the Applicant   Rs. 10,000/ - a	nd Above	
Name of		
mother ( Husband's	The second of th	
Designation	The services	
Grade Pay as on Current Financial Year	Date of Birth	DD-MM-YYYY
Office Address whom	The second secon	I SO WINI-TYYY
House No./Street/Road	A seed	
CIV		
Email to   District	. State	
. Select	Y Pin Co. I	—Select—
Pool under which you are applying	Y   Pin Code	
Date of work-charge apptt. (if applicable)  Date of post post post post post post post post		
Date of Retirement DD-MM-YYYY Date	CST Pool C Ladies Pool	
Date	* Of appropria	
Present Residential Address for Correspondence  House No./Street/Road	the state of ₹.76007- as Grade Pay	lishment DD-MM-YYYY
	rate of 3.7600/- as Grade Pay	( DD north
.ity — Select	The state of the s	DD-MM-YYYY
Alobile/Phone District Select	State	- Select-
hethert	Pin Code	SOID(
thail ID		
Whether having accommodation facility from DDA or any other Govt. Organizes, give full details)  UPLOAD   Did you applied to	misations.	
ounds/ Reason of Reguest (	era l	
e you debarred from allotment of Govt. residence Yes C No	Car C Yes C No Hany	
and all others of C		
nether you are a regular employee of DDA? C Yes C No	If Yes, upto which date?	
tails of the house which the office (1)	ner you are on deputation in DDA:	DD-MM-YYYY
tails of the house which the officer/his wife/her husband and minor chil use No.  Place  Place	you are on deputation in DDA;	
ISE NO.	dren own within the jurisdiction	of local many
ne of Owner Place		or rocal municipality or
haar Card No.     Monthly		
	1/1/11	
ur wite/husband/member of family registi		
animent/Government controlled unit?	d Course de la Course	
ernment/Government controlled unit?		( Yes ( No
e: (Only 2 choice shall be considered)		res i No
/ou accept the allotmost if		
ou accept the allotment if not made at the place of your choice?	(2)	
rtified that I have read at		

Certified that I have read, the rules governing the allotment of house in Delhi to the officers of DDA and declare that the particulars rnished by me are correct and nothing has been concealed and the allotment given to me/allotment already given to me is under the

I undertake the without written prior approval for the Vice-Chairman, I will not rent out the house fully or any part of it. When I will ve no need of the house or whenever I will not be entitled for allotment of it I will vacate the house and will be responsible to hand er its vacant possession to DDA. I will pay licence fee, electricity, water bill and any other fee before giving the possession. I further

or my wife, husband or my minor children do not own a house within the jurisdiction of local municipality or adjoining municipality.

, my wile,	husband or minor children have ₹	as mo	as monthly income from this house.		
Pated:	DD-MM-YYYY		Signature of Applicant		
			. According to the contract of		
Certified	that Sh./Smt./Km.	is working as	in DDA since		
		ecord, his/her date of appointment on regul	Property of the second		
rada Da	as on 1st April, 2014 Grade Pay	g the first the control of the contr			
rade ra	as on 1 April, 2014 Grade Pay		since and currently the basic pay is		
			Signature of Pay & Disbursing Officer		
		Name:	•		
		' Designation:			
		. Designation:	LIPLOAD SEAL		
		Designation:	UPLOAD SEAL		

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Choice: (Only 2 choice shall be considered)

Will you accept the allotment if not made at the place of your choice?

## Delhi Development Authority Application for the Allotment of Staff Quarter

Applying for T. W. Link		FORM-A
Applying for Type (Level in Pay Matrix) C V C VI C VII		
Grade Pay Limit Rs. 7600 to Rs.8900/ - Rs. 10,000/ - and Abov	Ve	
Name of the Applicant		
Name of C Father C Mother C Husband's		
Designation	Date of Birth DD-MN	I-YYYY
Grade Pay as on Current Financial Year   ₹		
Office Address where posted		
House No./Street/Road ,	, State II	Colort
City Select District Select	Pin Code	Select— v
Email ID-		
Pool under which you are applying General Pool GSC Pool	ST Pool C Ladies Pool	
Date of the Land o	appointment on regular Establishmen	nt DD-MM-YYYY
Date of Retirement DD-MM-YYYY Date when you reached at the		DD-MM-YYYY
Present Residential Address for Correspondence	article (1700) as Grante Pay	
House No./Street/Road	States	Select—
City — Select — District — Select	Pin Code	
Mobile/Phone Email ID		
Whether having accommodation facility from DDA or any other Govt. Organic	sations. C Yes C No	
(If yes, give full details) UPLOAD Did you applied during the last year	and the state of t	
Grounds/ Reason of Request for Change of Floor/ Locality		
Are you debarred from allotment of Govt. residence - G Yes C No I	If Yes, upto which date? DD-	-MM-YYYY
Whether you are a regular employee of DDA? C Yes C No Whether	[ ] Fryou are on deputation in DDA?	F Yes ( No
Details of the house which the officer/his wife/her husband and minor child	dren own within the jurisdiction of k	
any adjoining municipal area.		
House No. Place		
Name of Owner Monthly	Rem 2	
Aadhaar Card No.		
If your wite/husband/member of family residing with you are in the services, o	of Central Government/ State	( Vous ( bt.
Government/Government controlled unit?		( Yes ( No
Give details If Yes.	,	

Doolaration

Certified that I have read, the rules governing the allotment of house in Delhi to the officers of DDA and declare that the particulars furnished by me are correct and nothing has been concealed and the allotment given to me/allotment already given to me is under the rule governing the allotment of houses to the officers of DDA.

I undertake the without written prior approval for the Vice-Chairman, I will not rent out the house fully or any part of it. When I will have no need of the house or whenever I will not be entitled for allotment of it I will vacate the house and will be responsible to hand over its vacant possession to DDA. I will pay licence fee, electricity, water bill and any other fee before giving the possession. I further declare that.

For my wife, husband or my minor children do not own a house within the jurisdiction of local municipality or adjoining municipality.

my wife/husband or minor children have 🔨	as monthly income	from this house.
nted: DD-MM-YYYY		Signature of Applicant
Certified that Sh./Smt./Km.	is working as	in DDA since
전하다 전 경향이 환경하다 가셨습니다. 이 상태생태들이 하면 보는 것이 되었다면 하면 보고 있다면 하는데 되었다.	date of appointment on regular Estt. is	He/She
rade Pay as on 1st April, 2014 Grade Pay	since and	currently the basic pay is
	Signature of	Pay & Disbursing Officer
	Name:	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
	· Designation:	
		UPLOAD SEAL
4 [1] [2] . [4 [4 ] . [4 ] . [4 ] . [4 ] . [4 ] . [4 ] . [4 ] . [4 ] . [4		





## Delhi Development Authority Application for the Change of Staff Quarter

FORIVI-C

Applying for Type C V C VI C VII C VIII
Grade Pay Limit   C Rs. 7600 to Rs.8900/ - C Rs. 10,000/ - and Above
Name of the Applicant
Name of C Father C Mother C Husband's
Designation Date of Birth DD-MM-YYYY
Grade Pay as on 1 <sup>st</sup> April 2014 ₹
Office Address where posted
House No./Street/Road State — Select — V
City —Select—   District —Select—   Pin Code
Mobile/Phone Email ID
Pool under which you are applying C General Pool C SC Pool C ST Pool C Ladies Pool
Date of work-charge apptt. (if applicable)   DD-MM-YYYY   Date of appointment on regular Establishment   DD-MM-YYYY
Date of Retirement DD-MM-YYYY Date when you reached at the state of ₹./600/- as Grade Pay DD-MM-YYYY
Present Residential Address for Correspondence
House No./Street/Road State Select Select
City — Select — District — Select — Pin Code
Email ID
Whether having accommodation facility from DDA or any other Govt. Organisations.  C. Yes C. No.
(If yes, give full details including date UPLOAD Did you applied during the last year C Yes C No If
Grounds/ Reason of Request for Change of Floor/ Locality
Ara yani daharrad from allatarata 6 G. a. a. I.
Are you debarred from allotment of Govt. residence 1 C Yes 6 No II Yes, upto which date? DD-MM-YYYY
Whether you are a regular employee of DDA? Yes C No Whether you are on deputation in DDA? Yes No
Details of the house which the officer/his wife/her husband and minor children own within the jurisdiction of local municipality or any adjoining municipal area.
House No. Place
Name of Owner Monthly Rent
Aadhaar Card No.
If your wife/husband/member of family residing with you are receiving services of Central Government/ State  Government/Government controlled unit?  Give details If Yes.
Choice: (Only 3 choice shall be considered) (1) (2) (3)
Will you accept the allotment if not made at the place of your choice?  Declaration  Certified that I have read, the rules governing the allotment of house in Delhi to the officers of DDA and declare that the particulars

Certified that I have read, the rules governing the allotment of house in Delhi to the officers of DDA and declare that the particulars furnished by me are correct and nothing has been concealed by me and the allotment given to me/allotment already given to me is under the rule governing the allotment of houses to the officers of DDA.

Lundertake the without written prior approval for the Vice-Chairman, I will not rent out the house fully or any part of it. When I will have no need of the house or whenever I will not be entitled for allotment of it I will vacate the house and will be responsible to hand over its vacant possession to DDA. I will pay licence fee, electricity, water bill and any other fee before giving the possession. I further declare that.

For my wife, husband or my minor children do not own a house within the jurisdiction of local municipality or adjoining municipality.

ated:	DD-MM-YYYY			Signature of Applicant
ertified t	hat Sh./Smt./Km.		is working as	in DDA since
	Martin, and the latest with a place beginned the	to the office record, his/her da	nte of appointment on regul	ar Estt. is He/She
drawing	g as on 01.04.2014	Grade Pay ₹   ·		since and currently basic pay i
				Signature of Pay & Disbursing Officer
			Name:	
			Designation:	-
				UPLOAD SEAL

#### INDEX

#### Medical Cell

S.No.	Name of the Form
1.	Checklist for IPD Claims
2	Chronic Disease
3.	OPD Claim for Working Staff
4.	OPD Claim for Pensioner Family Pensioners
5.	Form A Medical Identity Card Working Staff
6.	Form B Medical Identity Card Pensioners
7.	Form C Medical Identity Card Family Pensioners



#### Check List

(For Information & Documents to be submitted with Indoor Claims)
(In general cases other than Death or Lost of Documents)

Part-A (Informat	ive):				*				
Name of Employee/	Pensioner					10	1.		
Medical Card No.			-	-		Designation			
a) Empanelled	C Yes C No			OR	Name of b) Re	gistered	1		
Basic Pay at the time	e of Admission	Basic Pay		₹		Grade P	Yes	C No	
Name of Bank:				71	-		₹1		
IFS Code				-	Account Ne				
Page Numbering of (	Claim papers	rom 1 to	11						
Period of Treatment		- [			Viletier	Viedical Adv	vance pare	Yes C	No
Part-B (to attach B-1: (In case of E									
Name of Disease .					***************************************				
Copy of Discharge Su	immary	UPLO	AD	All Origin	ial Cash Recei	pts ,			UPLOAD
Original Bill		UPLO	AD	Detailed	Bill (Break up	of Bill)			UPLOAD
Copy of Medical Card	1	UPLO	AD .		vledical Contr			tion/ 10 years	UPLOAD
B-2: (Additional in Prescription Slips			UPLO/	AD O	iginal Bills of rescribed by I	iospital dur	ing Indoo	r Treatment Only	UPLOAD
Copy of Registration	Certificate of Ho	spital	UPLO/	AD EI	nergency Cert	ulicate (if R	equired)		UPTOAD
<ol> <li>Certificate i</li> <li>In case of e</li> </ol>	y to be attach issued by Hos	ed. pital may spitals w	be p	roduced	in case of re	eplaceme	nt of kn	ee.	nd Sticker of le
C Yes C No	0							Signature of	Applicant
Detail of Address  House						73			
No./Street/Road						Sta	te	— Select—	*
City		Selec	t		·	Distri	1	Select	· · · · ·
Pin Code E-mail ID					IV	lobile/ Pho	ie		

Signature of the Claimant

## Delhi Development Authority



# Application for submission of claim for Spl. Chronic Disease/Post Operative

					The first of the state of the s		and the second s	
Medical Card No.		Name of Pensioner/F		icial				
ame of Spl. Choronic Dis	ease OR Specify the	operation (for Post-Op	perative)					
mount of Claim	ount of Claim ₹		Statement of VRS. UP			PLOAD		
riginal Cash Memo	UPLOAD	Pres	scription	U	PLOAD			
	Previous Claim	1:	to		on			
eriod of Medicine Claim	ed This Claim:		10		on			
only (In case o  1. I undertake th  2. It is certified t prescription.  4. Doctor's certif  5. I also underta inadmissible o	f diabetes diseas at the quantity of hat all medicines icate (Essentiality ike that I will, was an detailed scruti	imed are exclusive the occurred with di of medicines purch to purchased before the y certificate) is appoint thout any demun the y demun to y audit subsequents of taken by DDA	iabetes as ancilla ased is in accord e this claim have pended. r, refund the an	ary). ance with the been consi	ne prescripumed by OA, the a	ption. me in ac mount, i	cordance f any four	
Please, make	payment trhough	n my following bar	nk account					
State Bank of India	C Central Bank of I	F and the second		e:				
State Bank of India		F and the second	ık	:				
State Bank of India		ndia C Other Ban	ık	:	Si	gnature		
State Bank of India		ndia C Other Ban	ık	:	Sig	gnature		
State Bank of India Saving Account No.  Detail of Address House		ndia C Other Ban	ık	State		gnature elect—	*	
State Bank of India laving Account No.  Detail of Address  House No./Street/Road	Central Bank of I	ndia Cother Ban	ık	State	—S			
State Bank of India Saving Account No.  Detail of Address  House	Central Bank of I	ndia C Other Ban	ık		—S	elect	*	
Detail of Address  House No./Street/Road City	Central Bank of I	ndia Cother Ban	ık	State . District . Mobile/	—S	elect	*	
Detail of Address  House No./Street/Road City Pin Code  E-mail ID.	Central Bank of I	ndia Other Ban	ık	State . District . Mobile/	—S	elect	*	
Detail of Address  House No./Street/Road City Pin Code E-mail ID.  Detail/Statement of all S. No. Date	Central Bank of In  Vouchers of OPD Cla	Select aim for the control of the co	ate Nam	State . District . Mobile/	—-Si	elect—	Amount	
Ostate Bank of India Saving Account No.  Detail of Address  House No./Street/Road City Pin Code E-mail ID.  Detail/Statement of all	Central Bank of In  Vouchers of OPD Cla	Select aim for the control of the co	HSC Code	State .   District   . Mobile/ Phone	—-Si	elect—		
State Bank of India Saving Account No.  Detail of Address  House No./Street/Road City Pin Code E-mail ID.  Detail/Statement of all S. No. Date	Central Bank of In  Vouchers of OPD Cla	Select aim for the control of the co	ate Nam	State .   District   . Mobile/ Phone	—-Si	elect—	Amount	



# Application for submission of OPD medical claim for reimbursement under the annual ceiling for the Year

									Worki	ng Staff
Name of Bank:					Select			-		
IFS Code				Acco	umt No.					
New Biometric	Medical C	ard No.	Charles and the Charles of the Charl	Name o	t Employe					
Name of Section	on in which	working		Designa	tion					
Name of	Father	C Moth	er C Husband's							
Phone/Mobile	No.			Email ID	)					
Pay Scale last o	drawn			Grade P	ay last dr	awn				-
Amount of ent	itlement u	nder the An	nual Ceiling   ₹ C	36000 ₹ ( 2	7000	18000	13500*			
Name of Spl. C	horonic Dis	sease OR Sp	ecify the operation						-	
Amount of OP	D	[		Statement	of VIC.		UPLOAD			
Original Cash Memo		UPLOAD	Prescription	UPLOAL	)	Copy of	BIM Card	UPI	LOAD	
*Strike out wh	nich is not a	applicable.								
			PRE-F	ECEIPT CUM U	NDERTAK	ING				
Received ₹		th	rough credit transfe	er in SBI/CBI/rec	eived the	sque for th	e bant			
	ke to refund		nt, if excess/inadmis					ure paym	ents.	
Date: DD-MM	VYYY-N						Signature	e of the C	laimant	
			F	OR OFFICE U	SE ONLY	,				
Pay Order										
Please Pay	₹		(Rupees							)
To Sh./Smt.						-	By chequ	e/transf	er of cre	dit.
								Sig	mature	
						sstt. Acc	ounts Officer	(OPD M	edical Co	ounter)
Datail/States	ant of all A	touchare of	OPD Claim for							
		and the state of t		₹						
S. No.	Date -MM-YYYY	Cash M	emo/ Receipt No.	DD-MM-YY		Name of E	octor/Hospital/	and the same of th	Amot	int
	-wivi-ritit	11				4			₹1	
e 963						4				ADD
							Total A	mount	₹	
			1894					Signature	e of the Cl	almant
							Name			



# Application for submission of OPD medical claim for reimbursement under the annual ceiling for the Year

			Pens	sioner/Family Pension
Name of Bank:		- Sele		*
FS Code		Account F	lo.	
lew Biometric Medical Ca	ard No.		oyee/Pensioner/	
Designation		Family Pension	l promis	
	Name of (		other ( Husband's	
hone/Mobile No.		Email ID		
Pay Scale last drawn		Grade Pay last drawn		
Mnount of entitlement ur	nder the Annual Ceiling	€ 28800 ₹ € 216	500 ₹ 14400 ₹ 10	800^
lame of Spl. Choronic Dis	ease OR Specify the operation (	for Post-Operative)		
Amount of OPD Claim	₹ .	Statement of VR	S. UPLOAD	
Original Cash Memo	UPLOAD Prescription	UPLOAD	UPLOAD	UPLOAD
lef. to Medical Contributi	on paid 🔾 .		ard/Cash Receipt pioner/camily Pensioner)	UPLOAD
Strike out which is not a				
	PRE-RI	ECEIPT CUM UNDER	TAKING	
DD-MM-YYYY			Signatu	re of the Claimant
	FC	OR OFFICE USE O	NLY	
Pay Order				
Please Pay ₹	(Rupees			)
To Sh./Smt.			By chequ	ue/transfer of credit.
				Signature
			Asstt. Accounts Officer	(OPD Medical Count
Detail/Statement of all V	ouchers of OPD Claim for	₹		
S. No. Date	Cash Memo/ Receipt No.	Date	Name of Doctor/Hospital,	/Lab Amount
DD-MM-YYYY		DD-MM-YYYY	4	₹
				ADD
			Total	Amount
			1	
				Signature of the Claiman
			Name	



### Delhi Development Authority Swarna Jayanti Aarogya Yojna Application for Medical Identity Card

UPLOAD PASSPORT SIZE PHOTO

FORM-B

Pensioners

Name of C Father C Mother C Husband's  Designation Date of Birth DD-MM-YYYY Date of Retirement	
Designation Date of Birth DD-MM-YYYY Date of Retirement	
	DD-MM-YYYY
Last Basic Pay Drawn (Excluding Grade Pay) PPO No.	
Residential Address	
House No./Street/Road State —Select	
City — Select — District — Select — Pin Code	
Mobile/Phone Email ID	
Number of existing DDA Medical Identity Card . Date of Issue	DD-MM-YYYY
Number of existing Biometric Medical Card collected while in service   Date of Surrender	DD-MM-YYYY
	DD-WIW-1111
Signatur	re of Applicant
Name of Bank Account No.	
Branch Name	
Eank Address	
House No./Street/Road State — Select-	
City Select Pin Code	
Are you availing any medical facility as dependent on your son/daughter/parents who are government employees.	Tyes ( No
Whether spouse is/was working in Central Govt./State Govt./Statutory Autonomous Body/Public Sector Enterprise/	C Yes - C No
Local Body/Private Organization?	
If yes, mention complete name and address of the Spouse office?	
Address of Spouse Office  Name of Spouse	
riouse No./Street/Road   State   — Select	
City   District   District	
Mobile/Phone   Email ID	
Whether medical facilities being availed from that office?	
	Yes No
	Yes ( No
If Yes, have you submitted the joint declaration form?	r Yes ( No
If Yes, have you submitted the joint declaration form?	F Yes F No
If Yes, have you submitted the joint declaration form?  Whether he/spouse/other dependents is/are availing the medical facility from any other department?	Yes No
If Yes, have you submitted the joint declaration form?  Whether he/spouse/other dependents is/are availing the medical facility from any other department?  Children Studying C Children Employed  (Married, employed children & sons more than 25 years of age shall not be treated as dependents) (Son suffering from perirrespective of age limit are treated as dependents.)	Yes No
If Yes, have you submitted the joint declaration form?  Whether he/spouse/other dependents is/are availing the medical facility from any other department?  Children Studying C Children Employed  (Married, employed children & sons more than 25 years of age shall not be treated as dependents) (Son suffering from perirrespective of age limit are treated as dependents.)  Are your parents dependent on you?  C Yes C No Are they living with you or your family?	Yes No
If Yes, have you submitted the joint declaration form?  Whether he/spouse/other dependents is/are availing the medical facility from any other department?  Children Studying C Children Employed  (Married, employed children & sons more than 25 years of age shall not be treated as dependents) (Son suffering from perirrespective of age limit are treated as dependents.)	Yes No
If Yes, have you submitted the joint declaration form?  Whether he/spouse/other dependents is/are availing the medical facility from any other department?  Children Studying C Children Employed  (Married, employed children & sons more than 25 years of age shall not be treated as dependents) (Son suffering from perirrespective of age limit are treated as dependents.)  Are your parents dependent on you?  C 'Yes' C No Are they living with you or your family?	Yes No
If Yes, have you submitted the joint declaration form?  Whether he/spouse/other dependents is/are availing the medical facility from any other department?  Children Studying C Children Employed  (Married, employed children & sons more than 25 years of age shall not be treated as dependents) (Son suffering from perirrespective of age limit are treated as dependents.)  Are your parents dependent on you?  C Yes C No Are they living with you or your family?  Since When?  UPLOAD DOCUMENTARY PROOF	T Yes ( No
If Yes, have you submitted the joint declaration form?  Whether he/spouse/other dependents is/are availing the medical facility from any other department?  Children Studying C Children Employed  (Married, employed children & sons more than 25 years of age shall not be treated as dependents) (Son suffering from perirrespective of age limit are treated as dependents.)  Are your parents dependent on you?  C Yes C No Are they living with you or your family?  Since When?  UPLOAD DOCUMENTARY PROOF.  Are they availing any medical facility as dependent from any other source?  Tes C No Are they pensioner	T Yes ( No

#### DECLARATION

1. I solemnly declare that I have the following legal dependent(s) whose photographs(s) is/are affixed below-

			Name of Dependent	
Name of Spouse,		2.112	Relation	
Date of Birth	DD-MM-YYYY		Date of Birth	DD-MM-YYYY
	1			2
	UPLOAD			UPLOAD
	PASSPORT			PASSPORT
	SIZE			SIZE
	РНОТО			PHOTO
Name of Dependent			Name of Dependent	
Relation			Relation 1	
Date of Birth	DD-MM-YYYY		Date of Birth	DD-MM-YYYY
	3.	ī		4
	UPLOAD			UPLOAD
	PASSPORT			PASSPORT
	SIZE			SIZE
	РНОТО			РНОТО
			Name of Devendent	Signature of Applicant
Name of Dependent			Name of Dependent	
Relation			Relation	
Date of Birth	DD-MM-YYYY		Date of Birth	DD-MM-YYYY
	<u> </u>	*		
	5			6
	URLOAD			UPLOAD
	PASSPORT			PASSPORT
	· SIZE			SIZE
	РНОТО			PHOTO
L				
Name of Dependent			Name of Dependent	
Relation			Relation	· I am and the control of the contro
Date of Birth	DD-MM-YYYY ·		Date of Birth	DD-MM-YYYY
	11 00 1111			T SO NIM TTT
	7			8
	UPLOAD			UPLOAD
	PASSPORT			PASSPORT
	SIZE		0	SIZE
	РНОТО			РНОТО
			The state of the s	
			1	
				Signature of Applicant

- 2. The total monthly income (from all sources including income from house/other immovable property/ fixed deposit etc.) of my dependent father and/ or dependent mother is less than ₹ 3500/-
- J. !y child/children is/are dependent on me and is/are NOT earning ₹ 3500/- or more per month & that my daughter(s) is/are NOT married. That age of my son/sons is/are not more than 25 years.
- 4. In case of any change in the status of my dependents (due to death, marriage, employment). I will inform Senior AO (Medical) at the earliest and will stop availing DDA Medical facilities. I will refund the full, cost of any treatment that my dependent may have received after he/she became ineligible. I shall be liable for disciplinary action should I fail to do so.
- 5. I am NOT a member of any other medical scheme funded by Central Govt. PSU or any other Pvt./Govt. organization.
- 6. My spouse & dependent family members(s) is NOT a member of CGHS or any other Govt./Pvt. Medical Scheme.
- 7. I understand that in case I have submitted any incorrect information, or if my DDA medical Identity Card is misused or used by any authorized person, my membership will be cancelled without any notice or further hearing. In addition, I will pay the entire cost of expenditure incurred on such by unauthorized person(s). I will also be liable for legal action by the DDA. I will also immediately report the loss of my DDA Medical Identity Card to the Medical Cell, DDA.

Signature of Applicant

SI. No.	Cash Memo/ Re		paid by me. Copie Date		ount	Remarks	
			DD-MM-YYYY	*	ana digana gapah tangan nagara nagara	€ Receipt attached € Receipt not attached	
		L HA					ADD
		2.	,			Total Amount   ₹	
				VERIFIC	ATION		
1edical	contribution of	₹	has been precords/re		ove named	pensioner vide cash receipt has been verified fro	om th
urther t	he entitlement of	the member	included in this car	d hass bee	n checked	stgrictly as per DDA medical scheme/CS (MA) Ru	iles.
ntitled	o category:-	,					
PRIV	ATE . C SEMII	PRIVATE	GENERAL WAR	RD			
			1	*		AD Medical/Sr. AO (Medi	ical)
			· F	OR OFFICE	USE ONLY		
		-		an according a first coope (4509)	control on		
Card No	1				ssued on	[] [ - ] [ -	



### Delhi Development Authority Swarna Jayanti Aarogya Yojna Application for Medical Identity Card

UPLOAD PASSPORT SIZE PHOTO

FORM-C

Family Pensioners

Name of Family Pensioner		Name	of DDA Employee		
Name of . C Father C Mother C F	lusband (* Wife			11	
Relationship of Family Pensioner with	the Employee	1			
Date of Retirement DD-MM	-YYYY	Date Dea	th of DDA Employ	Per DD-MM-Y	YYY
Designation at the time of Retirement	DD-MM-YYYY	Designation at th	e time of Death of		DD-MM-YYYY
Designation at the time of Pensioner	DD-MM-YYYY		line of Retirement		130 1111
Basic Pay at the time of Death of DDA	Employee	.   В	asic Pay at the time	e of Pensioner	
PPO No.	Date of Birth	of Family Pensione			
Number of existing DDA Medical Ident	ity Card		11	Date of Issue	DD-MM-YYYY
Number of existing Biometric Medical	Card collected while in	service		Date of Surrender	DD-MM-YYYY
Residential Address					1 00 000
House No./Street/Road		1	State	Select-	- +1
City —Select— 🔻	District	Select	→ Pin Cod	e	
Mobile/Phone		Email ID		11	
		1 '			
		e .		Signatui	re of Applicant
Name of Bank			Account No.		
Branch Name					
Bank Address		Deliver reserved to the second			
House No./Street/Road			State	Select-	-
City —Select— 🔻	District	Select	Pin Cod	f.	
Are you availing any medical facility as	dependent on your so	n/daughter/parent	s etc. who are gove	ernment	Yes C No
employees.  If yes, state the organization and comp	lete address.				
Address of Organization					
Name of Organization					
House No./Street/Road		5	State	Select-	*
City Select— ▼	District	Select,	Pin Cod	6	
Mobile/Phone	A STATE OF THE PARTY OF THE PAR	Email ID	8		
Children Studying Children Employe	d	1			
(Married, employed children & sons mo		e shall not be treate	d as dependents) (	Son suffering from pe	rmanent disability
irrespective of age limit are treated as Are they availing Medical facilities from		·	i v	61	
		and decomply through	Yes	No	
Are your parent in-laws dependent on			Yes	No	
Are they living with you or your family	Yes C No	Since When?		UPLOAD DOCUM	ENTARY PROOF
Are they availing any medical facility as	dependent from any	other source?	Yes ( No		
Are they Pensioner? C Yes C No	Details of their in	come from all source	e (Including Pensi	on) UPLOAD DOCU	IMENTARY PROOF
				Signature	of Courtierout

#### DECLARATION

1. I solemnly declare that I have the following legal dependent(s) whose photographs(s) is/are affixed below. Name of Dependent Name of Dependent Relation Relation Date of Birth DD-MM-YYYY DD-MM-YYYY Date of Birth UPLOAD UPLOAD PASSPORT PASSPORT SIZE SIZE РНОТО РНОТО Name of Dependent Name of Dependent Relation Relation DD-MM-YYYY Date of Birth DD-MM-YYYY Date of Birth UPLOAD UPLOAD PASSPORT PASSPORT SIZE SIZE РНОТО PHOTO Signature of Applicant Name of Dependent Name of Dependent Relation Relation Date of Birth DD-MM-YYYY Date of Birth DD-MM-YYYY UPLOAD UPLOAD PASSPORT PASSPORT SIZE SIZE РНОТО РНОТО Name of Dependent Name of Dependent Relation Relation Date of Birth DD-MM-YYYY DD-MM-YYYY Date of Birth 8 UPLOAD UPLOAD PASSPORT PASSPORT SIZE SIZE РНОТО РНОТО Signature of Applicant

- The total monthly income (from all sources including income from house/other immovable property/ fixed deposit etc.) of my dependent father in-Law and/ or dependent mother in-Law is less than ₹3,500/-
- 5. Iy child/children is/are dependent on me and is/are NOT earning ₹3,500/- or more per month & that my daughter(s) is/are NOT married. That age of my son/sons is/are not more than 25 years.
- 4. In case of any change in the status of my dependents (due to death, marriage, employment). I will inform Senior AO (Medical) at the earliest and will stop availing DDA Medical facilities. I will refund the full, cost of any treatment that my dependent may have received after he/she became ineligible. I shall be liable for disciplinary action should I fail to do so.
- 5. I am NOT a member of any other medical scheme funded by Central Govt. PSU or any other Pvt./Govt. organization.
- 6. I understand that in case I have submitted any incorrect information, or if my DDA medical Identity Card is misused or used by any authorized person, my membership will be cancelled without any notice or further hearing. In addition, I will pay the entire cost of expenditure incurred on such by unauthorized person(s). I will also be liable for legal action by the DDA. I will also immediately report the loss of my DDA Medical Identity Card to the Medical Cell, DDA.

Signature of Applicant

		FOR OFFICE	USE ONLY	
Certified that	information furni	shed by the applicant has been verified		
Further the er	ntitlement of the	member included in this card has beer	checked strictly	as per DDA medical scheme/CS (MA) Rules.
, all trice trice as	2			
Entitled to Ca	tegory:			
C PRIVATE	C SEMI PRIV	ATE C GENERAL WARD		
		Signature Sr. AO (M	tedical)/ (Pensic	on)
Name			Designation	
		Signature (D.D.	/ A.D. Wedical	
Name			Designation	
	The late of the			
Sh. / Smť.		p		Enrolled in DDA Swarna Jayanti Aarogya Yojna on
Dated: .	-DD-MM-YYYY	Issued Medical Identity Card No. 🕹		
Date:	DD-MM-YYYY			Signature of D.D.O./ AO (Medical)



Select Category (\* COMPANY (\* FIRM (\* INDIVIDUAL

Application No.

# (FORM C – 1 ATTORNEY & ALLOTTEE CASES) APPLICATION FOR CONVERSION OF INDUSTRIAL PLOTS ALLOTTED BY DELHI DEVELOPMENT AUTHORITY

1		

Details of the Company/Firm		the same of the sa			
Name of the Company/ Firm			LY-JAIF		
No. of the Propositor					
Name of the Propreitor			NAME.		
Name of the Partner/ Partners	/ Share Holders		NAIVIE		
				ADD	
Name of the Share Holder/s is to	be certified by Chartered Accountant (CA)			UPLOAD	
Name of the Board of Director	s (In case of Company)		NAM		
				ADD	
Details of Allottee	. , , , , , , , , , , , , , , , , , , ,				
Name of the first Allottee			NAME		
Name of Mother or F	ather or Husband		NAME :		
Name of the Second/ Joint Allo	ottee (If Applicable)		NAVE.		
Name of Mother or Fa	ther or Husband		NAME		
Name of the Attorney			NAME		
Details of the Address of the	Attorney				
House No./Street/Road		State .		—Select— ▼	
City	—Select— v	District		—Select— 🔻	
Pin Code		Mobile/ Phone			
Fax		E-mail ID			
Name of the person in whose	favour the Conversion is being done (Ap	greement to sell holder)		NAME	
Details of Address of the App	licant				
House No./Street/Road		State		—Select—	
City	—Select—	▼ District		—Select— ▼	
Pin Code .		Mobile/ Phone			
Fax		t -mail ID			
File No.					
Details of Industrial plot allot	ted by DDA for which conversion is bein	ig sought			
. Unit No.		Block			
Size (In sqm)		Area			
				UPLOAD	
No objection certificate	uard?			Yes No	
Whether property is Mortgag	cortificate from the mortgagee(s) enclos	se?		Yes No	
Whether there is any dispute	pending in the court of law or otherwi	se regarding the title of t	he property/flat	t under reference Yes No	
				Signature of Applicant	
Date: 1		f.	100	LIDLOAD	
Diagon				UPLOAD	

#### INDEX

#### Land Disposal

S.No.	Name of the Form .
1.	Application form for Industrial Plots Allotted by Delhi Development Authority -I
2.	Application Form for flats allotted by CGH societies and all residential plots excluding slums and JJR plots.
3.	Application form for conversion of lease hold property into free hold in respect of commercial plots.
4.	Application form for conversion of lease hold property into free hold in respect of flat, floor, shops in multi-stored residential and commercial complexes.
5.	Application form for conversion of lease hold property into free hold in respect of DDA Built-up shops, commercial flats

lame of Society	Name of Color	ny			
t No. & Plot Area (Sq. Metre)			on ground and		-
lintla Area			if any (Sq. Metre)		A
ector Block		Pocket			
Tats constructed by Co-operative Group Housing Societies	Name of Colo	nv	11		
Name of Society	Name of Colo				
sector Block		Pocket			
Plinth area of flat (Sq. Metre)	Covered are	ea of flat (approxin	nate)		
Date of Physical Possession (If available)		The second secon	***		
Whether the lease/sub-lease deed is executed and regist	ered?			Yes 🗌	No 🗌
Details of Registration of lease deed, if any in respect to					
Registration No.	Book No.		Date		
Vol. No.	Page From		To		
Whether use of the property as per lease deed/sub-lease	deed/allotment le	tter is residential		Yes	No L
Area of the portion being used for the purpose other tha	n residential (Sq. N	letre)			
Percentage of i) above to the total covered area of the pr	operty		- The state of the		
Type of other than residential use		A COLUMN TO THE PARTY OF THE PA			
Professional use					
Doctor   Architect   Engineer   Lawyer   Charter	red Accountant	Advocate Consu	ltant  Journalist	Artist	Designer
Nature of household Industries					
Please put in the serial number of the household indust	ries mentioned in	Annexure "E"			
In case of professional use					
Whether the person is in occupation of the property?				Yes	No
n case of household industries				Tv. D	N. I
Whether the household inductry is run by the occupants		s only 2		Yes Yes	No No
Whether the household industrial activity is being done. Number of workers engaged in the household industrial	the same of the sa	r only r		i tes []	NOT
		total auticitic area	4: 1 1/1/2	Yes	Na
Whether the sanctioned load for power is to be utilised	Control of the second s		Control of the Contro		No L
For the building constructed by the lessee/sub-lessee/al	lettee, is the copy	of completion cert	llicate/ form D	Yes	No L
is enclosed. Whether the lease/sub-lease/allotment was cancelled/p	roperty re-entered	1?		Yes	No
If yes, whether restored ?		A		Yes	No
Whether there is any dispute pending in the court of lav	v regarding the title	e fo the property ?		Yes	No
Whether any application for substitution/Mutation is pe	Contract the last traction of			Yes	No
Whether there is any unauthorised construction in the p	A STATE OF THE PARTY OF THE PAR			Yes	No
Whether property is Mortgaged?				Yes .	No
If 'Yes' whether no objection certificate from mortgaged	e(s) is enclosed			Yes	No
Whether upto date ground rent along with interest for b		any, has been paid	1?	Yes	No
Amount of yearly Ground Rent of individual Plot/Flat as	and the second s	AND RESIDENCE OF THE PARTY OF T	1 7		
	pri illiotitioni oci		11.		
Self-Assessment of Conversion charge Payable  Applicant is requested to calculate conversion charges of	n self assessment	hasis as porthe A	mendiy hefore filli	ing in the col	lumns
applicant is requested to calculate conversion charges of given below:	on sen-assessment	basis as per the A	speridix before fill	ing in the con	Carrier S
Conversion charges	₹		In	words	
Other misuse charges for using the property other	₹		In	words	
than residential use (See para 5 (ii) of the brochure)					
Surcharges wherever prescribed if the applicant is:	₹		In	words	
attorney				n words	
Sum total DECLARATION	₹	7	- 11	1 WOLUS	
DECLARATION	e and correct. I/We	e understant that i	any fact has beer	suppressed	or
[ ] I/We certify that the information given above is tru	19.55.	and void.			
I/We certify that the information given above is tru	nd conversion null	THE RESERVE OF THE PARTY OF THE			
I/We certify that the information given above is trumisrepresented, shall render this application invalid, and	nd conversion null	47.4	of Lessee/Sub-Les	see/Allottee	/Attorne
I/We certify that the information given above is tru	nd conversion null	47.4	e of Lessee/Sub-Les		
I/We certify that the information given above is tru misrepresented, shall render this application invalid, an	nd conversion null	47.4	e of Lessee/Sub-Les	UPLO	



Upload here coloured passport size photograph (2\*2 Inch)

#### APPLICATION FOR CONVERSION OF LEASE-HOLD PROPERTY INTO FREE-HOLD IN RESPECT OF RESIDENTIAL BUILT-UP PROPERTIES UPTO 505 SQ. MTRS.

Details of Allottee					
Name of the 🔲 first Allott	ee Sublessee La Le	ssee [_]Mutattee			
Name of Mother or	Father or Husba	and :			
Details of Address					
Correspondence:			State	—Select—	
House No./Street/Road		,			¥
City		Select— ▼	District	—Select—	*
Pin Code ,			Mobile/ Phone		
Fax			L mail ID		
Whether the Correspond	ence Address is same a	s permanent add	ess (Yes No) If No,	then provide the Permanent Ac	idress
Permanent:		and the state of t	1.	1	
House No./Street/Road	1.		State	Select	<u> </u>
City		Select— ▼	District	—Select—	*
Pin Code			Mobile/ Phone		
Fax			E-mail ID		
Name of the Second [	Joint Allottee Sut	olessee 🗌 Lessee	(If Applicable)		
Name of Mother or	Father or Husba	nd			
Details of Address					Machine Inc.
House No./Street/Road			State	—Select—	*
City		Select ▼	District	—Select—	*
Pin Code			Mobile/ Phone		
Fax Fig. 1			f mail ID		
Name of the Applicant (if	attorney)				
Name of Mother or	Father or Husba	nd			
House No./Street/Road			State	Select—	-
City		-Select v	District	Select	*
Pin Code		*	Mobile/ Phone		
Fax			f -mail ID.		
If the applicant is attorned	y name of the person i	n whose favour th	e conversion is sou	ght (In case of more than one pu	irchaser)
Name					
Name of Mother or	Father or Husba	and .			
If the applicant is attorn	ey				
AND THE RESERVE AND THE PARTY OF THE PARTY O	f power of attorney				UPLOAD
2. Document show	ving physical possession	of the premises v	with the person in w	hose favour the conversion is	
sought					UPLOAD
Control of the contro	o sell or any other docu				UPLOAD
the state of the s	in whose favour the co	onversion is sough			
File No. (if known)					
Details of property	ut by DDA / DIT				
Plots allotted/ ceased o Name of Colony	LE BY DDAY DIT	Plot	No.		
Plot Area (Sq. Metre)				loors, if any (Sq. Metre)	
Sector	per anti-distribution of the control	Block		Pocket	
Plots alloted under Co-c	operative House Buildin	ng Society/ Schem	e ×n		
i ota diloted dilder co-c	The state of the s	B - III	respective to the market		



# APPLICATION FOR CONVERSION OF LEASE-HOLD PROPERTY INTO FREE-HOLD IN RESPECT OF COMMERCIAL PLOTS

Upload here coloured passport size photograph (2\*2 Inch)

Name of the first Firm/ Compa	ather or Husband	and the second s	
Details of Address	or [] nusband		
Correspondence:			
House No./Street/Road	paralle and the second		
City		State	
Pin Code	-Select -	District	-Select -
Fax.		Mobile/ Phone	-Select-
Whether the corresponden	ddress is same as permanent add	E-mail ID	
Permanent:	ddress is same as permanent ad	dress (Yes/ No) If No. of	
House No./Street/Road	The second secon	, wo, it ivo, then	provide the same
City		State	
Pin Code	-Select- v	District	—Select— 🔻
Fax		Mobile/ Phone	—Select— v
Name of the Second/ Joint Allotte Name of Mother or The	e/co-lessee/lessee (If Applicable	L-mail ID	
	er or Husband	)	
Details of Address			
Correspondence: House No./Street/Road			
		State II	
City			—Select—
Pin Code		District ·	Salar
Fax		Mobile/ Phone	
Whether the correspondence and a		E-mail ID	
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City					16.				
Pin Code	- 1			E-mail ID					
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columns given below:-	strenges etc. on sen ussessin	ient basis as per the Appendix before filling in the
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urcharges wherever prescribed f the applicant is attorney	₹	In words
um total		In words
DECLARATION		
_] I/We certify that the information given a misrepresented, shall render this application	above is true and correct, I/We in invalid, and conversion null a	understand that if any fact has been suppressed or
Pate:		
lace:		Signature of Lessee/Sub-Lessee/Allottee/Attorne
		UPLOAD



Delhi Development Authority Application No.

Upload here coloured passport size photograph (2\*2 Inch)

#### APPLICATION FOR CONVERSION OF LEASE-HOLD PROPERTY INTO FREE-HOLD IN RESPECT OF FLAT/FLOOR/SHOPS IN MULTI-STORIED RESIDENTIAL AND COMMERCIAL COMPLEXES

Details of Allottees			
Name of the first Firm/ Compa	any allottee/ Sub-Lessee/Lessee		
Name of Mother or	Father or Husband	r	
Details of Address			
Correspondence:			
House No./Street/Road	• 100	State	Select
City	Sélect	District	—Select— →
Pin Code		Mobile/ Phone	Control of the Contro
·Fax		E-mail ID	
Whether the correspondence	address is same as permanent a	ddress (Yes/ No) If No, then pr	ovide the same
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House No./Street/Road		State	—Select— y
City	Select 🔻	District	—Select— ▼
Pin Code · · ·		Mobile/ Phone	
Fax	The second of th	E-mail ID	
Name of the Second/ Joint Alle	ottee/sub-lessee/lessee (If Application	able)	
Name of Mother or	Father or Husband		
Details of Address			
Correspondence:			
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City	—Select— v	District	—Select— 🔻
Pin Code		Mobile/ Phone	
Fax		L-mail ID	
Whether the correspondence	address is same as permanent a	ddress (Yes/ No) If No, then pr	ovide the same
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City	—Select— 🔻	District	—-Select-— 🔻
Pin Code		Mobile/ Phone	
Fax		E-mail ID	
Name of the applicant (if attor	rney)		
Name of Mother or 1	Father or Husband		
Details of Address			
Correspondence:			
House No./Street/Road		State	—Select— ▼
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IX			E-mail ID			
the applicant is attorney	, detail of the pers	on in whose favour l	the conversion is being	sought		
ame of the first attorney						
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ouse No./Street/Road			State			
ity		—Select— ▼	District	1	—Select—	*
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louse No./Street/Road			State		—Select—	Y
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Name of second attorney	v					
Name of Mother or	Father or	Husband				
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			District		-Select-	-
City		Select *				
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Fax  If the applicant is attorn Attested copy of power Document showing pos	of attorney session of the pren	nises with the perso	E-mail ID	conversion is being so r the conversion is bei	ught	PLOAD
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Place:				JPLOAD
Date:		Signature of Less	ee/Sub-Lessee/Allotte	ee/Attorney
misrepresented, shall render this applicati			ict has been suppres	sed or
I/We certify that the information giver	above is true and correct	I/Me understand that if any f	et has born summer	
DECLARATION			III WORLS	
Sum total (in Rs.)	₹ .		In words	
if the applicant is attorney (in Rs.)			In words	
Conversion charges (in Rs.) Surcharges wherever prescribed		4.55	In words	
Applicant is requested to calculate conver illing in the columns given below:-	sion charges on self-assess	ment basis in the Appendix to		before
elf-Assessment of Conversion charge Pa				
Whether upto date ground rent along with		ent, if any, has been paid?	Yes	No [
Amount of yearly Ground Rent				
Whether there is any unauthorised constr	uction in the premises?		Yes	No
wnether any application for substitution/l	Mutation is pending?		Yes	No
ether there is any, dispute pending in the	ne Court of Law regarding t	he title of the property?	Yes	No
Yes, whether restored?			Yes	No
Whether the lease/ sub-lessee/ allotment	was cancelled/property re-	entered	Yes	No
lo objection certificate from mortgagee(s	)			UPLOAD

#### Delhi Development Authority Application No.



Upload here coloured passport size photograph (2\*2 Inch)

#### APPLICATION FOR CONVERSION OF LEASE-HOLD PROPERTY INTO FREE-HOLD IN RESPECT OF DDA BUILT-UP SHOPS/ COMMERCIAL FLATS

Details of Allottees		
Name of the first Firm Company allottee Lessee Co-t	essee	
Name of Mother or Father or Husband		
Details of Address		
House No./Street/Road .	State	-Select- ▼
City -Select -	District	-Select- v
Pin Code	Mobile/ Phone	
Fax ·	E-mail ID	
Name of the Second Joint Allottee co-lessee lessee	(II Applicable)	
Name of Mother or Father or Husband	- Line	
Details of Address		
House No./Street/Road	State	-Select v
City - Select - V	District	-Select
Pin Code	Mobile/ Phone	
fax	t mail ID	
Name of the applicant (if attorney)	d-	
Name of Mother or Father or Husband		
Details of Address .		
House No./Street/Road	State	-Select
·City —Select— •	District	-Select v
Pin Code .	Mobile/ Phone	
Fax	E-mail ID	
If the applicant is attorney, detail of the person in whose favour t	he conversion is being sought	
Name of the first attorney		
Name of Mother or Father or Husband		
Details of Address		
House No./Street/Road	State	-Select ¥
City —Select— ✓	District	-Select
Pin Code	Mobile/ Phone	
Fax .	t-mail ID	
Name of second attorney		
Name of Mother or Father or Husband		
Details of Address		
House No./Street/Road	State ,	-Select
City Select -	District .	-Select ▼
Pin Code .	Mobile/ Phone	
Fax	E-mail ID @	
If the applicant is attorney		- Alexander
Attested copy of power of attorney	I was a second of the second o	UPLOAD
Document showing possession of the premises with the person in	A TELL TOP CONTROL OF THE PROPERTY OF THE PROP	UPLOAD
Agreement to sell or any other document to support the transact File No. (if known)	ion in whose Javour the conversion is being o	ione Deloan
Details of property		

Shop No. / Unit No.	Parade 14.	Name of	Colony	1		
Name of Locality				1		
Area of shop (Sq. Metre) (As per	allotment cum demand lette	0.				
Sector	Block		Pocket			i je
Date of Physical Possession (If av	railable) .	DD/MM/YY	YY			
Whether the lease deed is execu	ted and registered?				Yes 🗌	No 🗀
Details of Registration of lease d	eed, if any in respect of plots					
Registration No.	. Book No.			Date		
Vol. No.	Page From			To .		
Whether use of the property is a	s per lease deed/sub-lease d	eed/allotment le	etter?		Yes	No
If the area of the portion is not b		Children in the Control of the Contr		e (Sq. Meti	e)	
Type of activities being carried o	ut in portion referred at 11 (i	) above				
For the building constructed by	the lessee/ allottee, copy of c	ompletion certi	icate/ for	n "D"	· ·	IPLOAD
Whether property is Mortgaged	A SELECT OFFICE OF THE PARTY OF				Yes No	
No objection certificate from mo	ortgagee(s)					IPLOAD
Whether the lease/ sub-lessee/	allotment was cancelled/proj	perty re-entered			Yes:	No 🗌
If Yes, whether restored?					Yes	No [
Whether there is any dispute pe	nding in a Court of Law regar	ding the title of	the prope	rty?	Yes	No [
Whether any application for sub	stitution/Mutation is pendin	g?			Yes	No
Whether there is any unauthoris	sed construction in the premi	ses?			Yes	No [
Amount of yearly Ground Rent of	A CONTRACTOR OF CONTRACTOR OF STREET AND A SESSMENT ASSESSMENT AND ASSESSMENT ASS					
Whether upto date ground rent	along with interest for belate	ed payment, if a	ny, has be	en paid?	Yes	No [
Self-Assessment of Conversion	charge Payable					
Applicant is requested to calcula given below:	ate conversion charges on sel	f-assessment ba	sis as per	the Append	lix before filling in the co	olumns
Conversion charges (in Rs.)		₹			In words	
Surcharges wherever prescribed		₹			In words	
if the applicant is attorney (in R						
Sum total (in Rs.)		₹	line approx		In words	
DECLARATION						
I/We certify that the inform				that if any	fact has been suppresse	d or
Date:		Total Hill dire	2007	iture of Los	s ee/Sub-Less ee/Allotteê/	Attornos
Place:	1.01		Signa	iture or tes	see/ sub-tessee/ Arrottee/	Actorney
	* * * * * * * * * * * * * * * * * * * *				UPL	OAD