




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


18-9-18

(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.

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INDEX

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 |
|----|---|

Age certificate of self, spouse and dependant members

UPLOAD

Details of Payment

Select Payment Method:

NET BANKING

DEBIT CARD

CREDIT CARD

PAY NOW

DECLARATION

I have read the rules and regulations, Bye-laws contained in the brochure of Dwarka Sports Complex and undertake to abide by the same. In case, the details found to be incorrect then my application is liable to be rejected.

Date: --

Signature of Applicant

UPLOAD

Note:

- Children and spouse between 5-21 years are dependant members;
- In case of **Permanent Membership**, the subscription fee is ₹ 150/- per month for the member and ₹ 70/- per month for each dependant member from the date of approval of membership;
- In case of **Sr. Citizen Membership**, the subscription fee is ₹ 90/- for the member and ₹ 70/- for spouse (₹ 40/- if spouse is also a Sr. Citizen) per month;
- In case of **Temporary Membership**, entrance fee is ₹ 1500/- for the member and ₹ 210/- for each dependant member + 15% *Service Tax*.
- In case of **Special Temporary Membership**, entrance fee is ₹ 4600/- for the member including *Service Tax*.

FOR-OFFICE USE ONLY

Membership No.

Date of Membership

Valid upto

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 the form of Net Bankng/ Debit Card/ Credit Card in favour of " Sr. AO CAU Sports DDA".

Date: - -

Signature of Receiving Clerk with stamp



Delhi Development Authority

Application No. 110

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 sought

Details of Address

Correspondence:

House No./Street/Road State —Select—

City —Select— DISTRICT —Select—

Pin Code Mobile/ Phone

E-mail ID

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

Whether property is Mortgaged? YES NO

If yes, then No Objection Certificate to be uploaded UPLOAD

Whether there is any dispute pending in the court of law or otherwise regarding the title of the property/flat under reference YES NO

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)

| | | |
|----------------|--|--|
| Affidavit | DOWNLOAD | UPLOAD |
| Indemnity Bond | DOWNLOAD | UPLOAD |
| Undertaking | DOWNLOAD | UPLOAD |

Date: DD - MM - YYYY

Mobile No.

Signature of Attorney

UPLOAD

Application Received on with the above mentioned particulars.

Applicant's / Joint
Applicant's
Photograph

Authorized Signature of the Bank Official with Seal

UPLOAD



Details of Booking Request

Date of Booking From To

Booking area type Zone

Locality Land Description

Details of Applicant

Name

Age Aadhaar No. PAN No.

GSTIN (If any) Whether the applicant is an employee of DDA YES NO

Details of Address

House No./Street/Road State

City District

Pin Code Mobile/ Phone

E-mail ID

Type of Function Family Function Marriage* Religious Ceremonies National Function

Function Name

Category (AF) Area Type (AF) Build-up Area Open Area

Floor No. Total Area in Sq. Mtr. (AF) Build Area in Sq. Mtr. (AF)

For checking the rates click on this link: → http://119.226.139.196/booking/check_rates.aspx

Calculate and Check Availability

Net Payable Amount (AF)

Documents Enclosed

Photograph of spouse in case of marriage function*

Payment of Booking

Mode of Payment: DEBIT CARD CREDIT CARD INTERNET BANKING

Select Bank:

PAY NOW

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 & finger 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 |



Delhi Development Authority

(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 Employee

| | | | | | |
|---|------|--|------------|--------------|-------------------|
| Name | | Date of Birth | DD-MM-YYYY | | |
| Father/Husband/Mother | | Class of pension applicable | | | |
| Date of joining of service | | Date of superannuation of service | | | |
| Present Posting | | Last Posting | | | |
| Present or last appointment including name of establishment : | | | | | |
| Head of Account to which pension and gratuity are debit able | | | | | |
| Total period of military service for which pension and gratuity was sanctioned (if any) | | | | | |
| Amount and nature of any pension/gratuity received from the military service | | | | | |
| Amount and nature of any pension/gratuity received for previous civil service | | | | | |
| Government under which the service was rendered | | | | | |
| | | | YYYY-MM-DD | | |
| Obtain 'No Demand Certificate' from the Staff Quarter Cell as provided in Rule- 57 | | | | | |
| Assess the service and emoluments qualifying for pension as provided in Rule- 59 | | | | | |
| Assess the outstanding dues against the employee, other than the dues relating to the allotment of staff quarter as provided in Rule-73 (1) | | | | | |
| Details of omissions, imperfections or deficiencies in the service book which have been ignored under Rule 59 (1) (b) (ii) | | | | | |
| The length of qualifying service (for the purpose of adding towards broken periods, a month is reckoned as thirty days) | | | | | |
| Periods of non-qualifying service | | From | to | | |
| Interruption in service condoned under Rule- 28 | | DD-MM-YYY | DD-MM-YYYY | | |
| Extra- ordinary leave not qualifying service | | DD-MM-YYY | DD-MM-YYYY | | |
| Period of suspension not treated as qualifying | | DD-MM-YYY | DD-MM-YYYY | | |
| Any other service not treated as qualifying | | DD-MM-YYY | DD-MM-YYYY | | |
| Emoluments reckoning for gratuity | | | | | |
| Average emoluments (emoluments drawn during last ten months of service) : | | | | | |
| Post held | From | To | Pay | Personal Pay | Average Emolument |
| | | | | | |
| Date on which Form-5 has been obtained from the employee (to be obtained eight months before the date of retirement of the employee). | | | | DD-MM-YYYY | |
| Proposed pension | | Proposed graded relief | | | |
| Proposed retirement Gratuity | | Date from which Pension is to commence | DD-MM-YYYY | | |
| Proposed amount provisional pension, if departmental or judicial proceeding is instituted against the employee before retirement | | | | | |
| Details of dues outstanding against the employee recoverable from gratuity: | | | | | |
| Licence fee for the allotment of the staff quarter (see sub-rules (2),(3) and (4) of Rule-72) | | | | | |



(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)

(To be submitted in duplicate at least three months before the date of retirement)

Details of retiring employee

| | | | |
|--|--|------------------------------|------------|
| Name | | Father/Mother/Spouse/Husband | |
| Designation | | Date of Birth | DD MM-YYYY |
| Last place of posting | | | |
| Date of retirement on superannuation or on the expiry of extension in service granted under FR 56(d) | | | |
| Fraction of superannuation pension proposed to be commuted | | | |
| Disbursing authority from which pension is to be drawn after retirement | | | |

Address

| | | | |
|-----------------------|----------|---------------|----------|
| House No./Street/Road | | State | —Select— |
| City/ Village | —Select— | District | —Select— |
| Pin Code | | Mobile/ Phone | |
| Fax | | E-mail ID | |

Name of the Bank through which the pension is to be drawn

| | | | |
|------|----------------|------------|---------|
| Name | Account Number | IF SC Code | Address |
| | | | |

Note:

1. The applicant should indicate the fraction of the amount of monthly pension (subject to a maximum 40% thereof w.e.f. 1.1.96) which he/she desires to commute and not the amount in rupees
2. Strike off which is not applicable

| |
|------------|
| Place |
| DD-MM-YYYY |

| |
|-----------|
| Signature |
|-----------|



Delhi Development Authority

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(Annexure -XII) Application Form for Specimen Signature, Thumb & Finger Impression and Joint Photograph of the Retiring Employee

Details of retiring employee

| | | | |
|---------------|------------|-------------|------------|
| Name | | Designation | |
| Date of Birth | DD-MM-YYYY | Retiring on | DD-MM-YYYY |

| | | | | |
|-------------|-------------|---------------|-------------|---------------|
| Signature 1 | Signature 2 | Signature 3 | | |
| Thumb | Forefinger | Middle finger | Ring Finger | Little Finger |

| | | | |
|-------------------------|-------------------------|-------------------------|-------------------------|
| Single/Joint Photograph | Single/Joint Photograph | Single/Joint Photograph | Single/Joint Photograph |
|-------------------------|-------------------------|-------------------------|-------------------------|

Submit

**Delhi Development Authority****(Annexure -V) Application Form to be filled in by the retiring employee (See rules 59(1) (C) and 61 (1))****Details of retiring employee**

| | | | |
|--------------------|------------|-------------------|------------|
| Name | | Date of Birth | DD-MM-YYYY |
| Date of Retirement | DD-MM-YYYY | Department/Office | |

Address

| | | | |
|-----------------------|----------|---------------|----------|
| House No./Street/Road | | State | —Select— |
| City/ Village | —Select— | District | —Select— |
| Pin Code | | Mobile/ Phone | |
| Fax | | E-mail ID | |

Name of the Bank through which the pension is to be drawn

| | | | |
|------|----------------|-----------|---------|
| Name | Account Number | IFSC Code | Address |
| | | | |

List of documents to be enclosed: (attested)

| | |
|--|--------|
| Three specimen signatures | UPLOAD |
| Three Copies of passport size joint photograph with wife or husband to be attested by the Head of office | UPLOAD |
| Two Slips showing the particulars of height and personal identification marks | UPLOAD |
| Details of the family in form-3 | UPLOAD |
| Indicate whether family pension is admissible from any other source - Military or State Govt. and/or a public sector undertaking/autonomous body/local body under the Central or a State Govt. | UPLOAD |

Date:

DD-MM-YYYY

Signature

Place :

Designation

Note:

- 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.
- 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.
- Where it is not possible for an employee to submit a photograph with his wife or her husband, he or she may submit separate photographs. Joint photographs shall be attested by the Head of Office.
- Specify a few conspicuous marks, not less than two, if possible.
- Any subsequent change in address should be notified to the Head of Office.

| | |
|--|----|
| Dues referred to in Rule 73 | |
| Whether nomination made for retirement gratuity/death gratuity (please give No. of file/service book) | |
| Whether family pension 1964 applies to the employee, and if so: | |
| Emoluments reckoning for the family pension | |
| The amount of the family pension payable to the family of the employee, if death takes place after retirement: | |
| Before attaining the age of 67 years | Rs |
| After attaining the age of 67 years | Rs |

Address

| | | | |
|-----------------------|----------|---------------|----------|
| House No./Street/Road | | State | —Select— |
| City/ Village | —Select— | District | —Select— |
| Pin Code | | Mobile/ Phone | |
| Fax | | E-mail ID | |

Name of the Bank through which the pension is to be drawn

| Name | Account Number | IFSC Code | Address |
|------|----------------|-----------|---------|
| | | | |

List of documents to be enclosed:

| | |
|--|--------|
| Detail of height and personal identification marks | UPLOAD |
| Details of the family in form-3 | UPLOAD |

Date:

Signature

Place:

Stamp and seal



Delhi Development Authority

Application Form for drawal of Pension through Central Bank of India

Details of Pensioner

| | | | |
|------|--|-----------|--|
| Name | | P.P.O. No | |
|------|--|-----------|--|

Address

| | | | |
|-----------------------|----------|---------------|----------|
| House No./Street/Road | | State | —Select— |
| City/ Village | —Select— | District | —Select— |
| Pin Code | | Mobile/ Phone | |
| Fax | | E-mail ID | |

Details of the authorised CBI

| | | | |
|------|--|------------------------------|--|
| Name | | Branch where payment desired | |
|------|--|------------------------------|--|

Pensioners bank Account details

| Name | Account Number | IFSC Code | Address |
|------|----------------|-----------|---------|
| | | | |

List of documents to be enclosed: (attested)

| | |
|---|--------|
| Application form for Specimen Signature, Thumb & Finger Impression and Joint Photograph | UPLOAD |
| Original P.P.O. Book | UPLOAD |

Date:

Place:



Delhi Development Authority

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(Annexure -VII)

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

Details of retiring employee

| | | | |
|---------------|------------|---------------------|------------|
| Name | | Designation | |
| Date of Birth | DD-MM-YYYY | Date of Appointment | DD-MM-YYYY |

Details of the members of the family as on:

| Name | D.O.B | Relationship with employee | remarks |
|------|-------|----------------------------|---------|
| | | | |

I hereby undertake to keep the above particulars upto date by notifying to the Head of Office of any addition or alteration

Date:

Place:

Signature

Note: family for this purpose means family as defined in clause (b) of sub rules (14) of Rule 54 of the CCS (Pension) Rules, 1972.

Counter signed by Head of Office:

| | | | |
|------|--|--------------------------------|--|
| Name | | Designation | |
| | | Signature <input type="text"/> | |





Delhi Development Authority

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

Details of retiring employee

| | | | |
|---------------|------------|---------------------|------------|
| Name | | Designation | |
| Date of Birth | DD-MM-YYYY | Date of Appointment | DD-MM-YYYY |

Details of the members of the family as on:

| Name | D.O.B | Relationship with employee | remarks |
|------|-------|----------------------------|---------|
| | | | |

I hereby undertake to keep the above particulars upto date by notifying to the Head of Office of any addition or alteration

Date:

Signature

Place:

Note: family for this purpose means family as defined in clause (b) of sub rules (14) of Rule 54 of the CCS (Pension) Rules, 1972.

Counter signed by Head of Office:

| | | | |
|------|--|-------------|--|
| Name | | Designation | |
|------|--|-------------|--|

Signature



**Delhi Development Authority
Welfare Section**

107

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

FORM-1 to 3

| | | | | | | |
|--|--|---|---------------|--|-----------------------|------------|
| Name | | | | <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> 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 latest Pay Slip) | | | UPLOAD | | |
| Details of Department/Division | | | | | | |
| Department/Division | | | | | | |
| House No./Street/Road | | | State | | —Select— | |
| City | —Select— | District | —Select— | Pin Code | | |
| Mobile/Phone | | | Email ID | | | |
| Photocopy of Bank Passbook 1 st Page | | UPLOAD | | Photocopy of Family Details | | . UPLOAD |
| Name of Scholar | | Name of the course undertaken by the students | | | | |
| Duration of the course | | from | | to | | |
| Full name of the Institution & name of University | | | | | | |
| Whether/Institution is recognized by Central/State Govt. & University details | | | | UPLOAD | | |
| Total Fees charges (excluding) Mess/Hostel | | | | UPLOAD | | |
| Signature of the DDA Employee | | | | | | |
| <p>Certificate from the Principal or Head of Institute in which the student is studying.</p> <p>Certified that _____ Son/Daughter of Sh. _____ is a student of this Institution and is at present studying in the I/II/III/IV the year of _____ (course) the duration of the course is _____ years. The academic session is from _____ DD-MM-YYYY to _____ DD-MM-YYYY</p> <p>The Institution is recognized by _____ and is affiliated to _____ and the examination is conducted by the _____. The course is regular/correspondence.</p> <p>He/She is not enjoying free ship and is not a recipient of any stipend/assistance from any source for this course. He/She has been granted merit-cum-means scholarship or others or has not been granted any scholarship.</p> <p>The particulars of the fees is to be paid by the students under:-</p> <p>Date of starting the course. _____ DD-MM-YYYY Date of Joining the Institution. _____ DD-MM-YYYY Date from which fees paid. _____ DD-MM-YYYY</p> <p>Yearly amount of tuition fee. ₹ _____</p> <p>It is also certified that the minimum education qualification for admission to the course, which the student is pursuing at Institution _____ class.</p> <p>Dated: _____ DD-MM-YYYY</p> | | | | | | |
| Seal of the Institution | | | | Signature of the Head of the Institute | | |



**Delhi Development Authority
Welfare Section**

106

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

FORM-4

| | | | | | | | |
|--|--|---|--|--|--|---------------------------------------|--|
| Medical Card No. | | | | | | | |
| Name | | <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Husband's | | Name | | | |
| Designation | | Date of Birth | | DD-MM-YYYY | | Date of Apptl. in DDA | |
| UID No. | | Pay Band/ Grade Pay (upload latest Pay Slip) | | UPLOAD | | | |
| Details of Department/Division | | | | | | | |
| Department/Division | | | | | | | |
| House No./Street/Road | | | | | | State | |
| City | | District | | Pin Code | | <input type="text" value="—Select—"/> | |
| Mobile/Phone | | Email ID | | | | | |
| Photocopy of Bank Passbook 1 st Page | | UPLOAD | | Photocopy of Family Details | | UPLOAD | |
| Leave on till Date | | DD-MM-YYYY | | Sick from which Date | | DD-MM-YYYY | |
| Last salary drawn | | DD-MM-YYYY | | Without salary from which Date | | DD-MM-YYYY | |
| If any leave | | | | | | | |
| leave not due but sanctioned | | | | Letter of sanction of leave without pay | | UPLOAD | |
| Duration | | Date | | DD-MM-YYYY | | | |
| Signature of the Employee | | | | Signature of the leave account holding officer | | | |
| Name of the Hospital at which employee is/was admitted | | | | Admission Date | | DD-MM-YYYY | |
| Name of the Hospital whether empaneled for that disease or not | | | | Name of the disease | | | |
| employee is sick from | | | | date leave is going on from | | DD-MM-YYYY | |
| Discharge date but still ill | | DD-MM-YYYY | | Employee got the fitness certificate on | | DD-MM-YYYY | |
| | | | | Signature of Doctor | | | |
| Name of Doctor | | | | Designation. | | | |
| (E) | | | | | | | |
| Letter No. | | | | | | | |
| Date: | | DD-MM-YYYY | | | | | |
| Personnel Officer, DDA for necessary action. | | | | | | | |
| | | | | Signature of the Assistant Account Officer | | | |
| Name | | | | Designation. | | | |
| | | | | Office Stamp | | | |



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

105

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

FORM-5



| | | | | | |
|---|--|--|---------------------------|-----------------------------|--|
| Name | | <input checked="" type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Husband's | | Name | |
| Designation | | Date of Birth | | Date of Apptt. in DDA | |
| UID No. | | Pay Band/ Grade Pay (upload latest Pay Slip) | | UPLOAD | |
| Details of Department/Division | | | | | |
| Department/Division | | | | | |
| House No./Street/Road | | | | State | |
| City | | District | | Pin Code | |
| Mobile/Phone | | Email ID | | | |
| Photocopy of Bank Passbook 1 st Page | | UPLOAD | | Photocopy of Family Details | |
| | | | | UPLOAD | |
| Tick option (s) from the following: | | | | | |
| <input checked="" type="radio"/> Red Cross First Aid Training Programme <input checked="" type="radio"/> Women Safety Training Programme viz Marshal Art etc. | | | | | |
| Self-Dependent Training | | | | | |
| <input checked="" type="radio"/> Computer. <input checked="" type="radio"/> Cutting & Tailoring <input checked="" type="radio"/> Beautician | | | | | |
| The employee photo is to be attested by the concern in-charge | | | | | |
| Note: Final decision will be taken by the Governing Body based on number of option(s) received from the Applicants. | | | | | |
| DECLARATION | | | | | |
| I have not attended any camp in the past. I will follow all the rules/regulations as prescribed during the stay at camp & any violation/ defiance would result in action as deemed fit for consideration by the administration. | | | | | |
| Signature/ Stamp of In-Charge | | | Signature of the Employee | | |
| Medical Certificate | | | | | |
| It is certified that Smt. _____ w/o D/o _____ | | | | | |
| Designation _____ possesses good health for travel. | | | | | |
| Signature/ Stamp of the Medical Officer | | | | | |



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**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 | | | <input checked="" type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> 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 latest Pay Slip) | | UPLOAD | | |
| Details of Department/Division | | | | | | | | |
| Department/Division | | | | | | | | |
| House No./Street/Road | | | | | | State | —Select— | |
| City | —Select— | District | —Select— | | Pin Code | | | |
| Mobile/Phone | | | | Email ID | | | | |
| Photocopy of Bank Passbook 1 st Page | | UPLOAD | | Photocopy of Family Details | | UPLOAD | | |
| Physically/Mentally challenged (Details/Certificate) | | | UPLOAD | | | | | |
| Tick option (s) from the following: | | | | | | | | |
| <input checked="" type="checkbox"/> Requirement of wheel chairs <input checked="" type="checkbox"/> Requirement of crutches <input checked="" type="checkbox"/> Requirement of sewing machines <input checked="" type="checkbox"/> Computer training specially designed for special category | | | | | | | | |
| Note: Final decision will be taken by the Governing Body based on number of option(s) received from the Applicants. | | | | | | | | |
| | | | | | | | | Signature of the Employee |



Delhi Development Authority

Application for the Allotment of Staff Quarter

/01

FORM-A

| | | | |
|--|----------|---|-----|
| Grade Pay Limit | | <input type="radio"/> Rs. 1300 to Rs.1800/- <input type="radio"/> Rs. 1900 to Rs.2800/- <input type="radio"/> Rs. 4200 to Rs.4800/- <input type="radio"/> Rs. 5400 to Rs.6600/- | |
| Name of the Applicant | | | |
| Name of | | <input checked="" type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Husband's | |
| Designation | | Date of Birth | |
| | | DD-MM-YYYY | |
| Grade Pay as on 1 st April of the current Financial Year | | | |
| ₹ | | | |
| Office Address where posted | | | |
| House No./Street/Road | | State | |
| | | —Select— | |
| City | DISTRICT | Pin Code | |
| —Select— | —Select— | | |
| Mobile/Phone | | Email ID | |
| | | | |
| Pool under which you are applying | | | |
| <input type="radio"/> General Pool <input type="radio"/> SC Pool <input type="radio"/> ST Pool <input type="radio"/> Ladies Pool | | | |
| Date of work-charge apptt. (if applicable) | | Date of appointment on regular Establishment | |
| DD-MM-YYYY | | DD-MM-YYYY | |
| Date of Retirement | | | |
| DD-MM-YYYY | | | |
| Present Correspondence Address | | | |
| House No./Street/Road | | State | |
| | | —Select— | |
| City | DISTRICT | Pin Code | |
| —Select— | —Select— | | |
| Email ID | | | |
| Whether having accommodation facility from DDA or any other Govt. Organisations. | | | |
| (If yes, give full details) | | Did you applied during the last year | |
| UPLOAD | | <input type="radio"/> Yes <input type="radio"/> No If any | |
| Grounds/ Reason of Request for Change of Floor/ Locality | | | |
| | | | |
| Are you debarred from allotment of Govt. residence | | If Yes, upto which date? | |
| <input type="radio"/> Yes <input type="radio"/> No | | DD-MM-YYYY | |
| Whether you are a regular employee of DDA? | | Whether you are on deputation in DDA? | |
| <input type="radio"/> Yes <input type="radio"/> No | | <input type="radio"/> Yes <input type="radio"/> No | |
| Details of house which the spouse/his wife/her husband and children own within the jurisdiction of local municipality or any adjoining municipal area. | | | |
| House No. | Place | | |
| | | | |
| Name of Owner | | Monthly Rent | |
| | | ₹ | |
| Aadhaar Card No. | | | |
| | | | |
| Whether your wife/husband/member of family residing with you are in the services of Central Government/ State Government/Government controlled unit? | | | |
| <input type="radio"/> Yes <input type="radio"/> No | | | |
| Give details If Yes. | | | |
| | | | |
| Choice: (Only 2 choice shall be considered) | | (1) | (2) |
| | | | |
| Will you accept the allotment if not made at the place of your choice? | | | |
| <input type="radio"/> Yes <input type="radio"/> No | | | |

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 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.

I undertake the without written prior approval for the Vice-Chairman, I will not rent 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.

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

I or my wife/husband or my minor children own house(s) within the jurisdictions of local municipality or adjoining municipality and my wife/husband or minor children have ₹ _____ as monthly income from this house.

Dated: DD-MM-YYYY

Signature of Applicant

Certified that Sh./Smt./Km. _____ is working in DDA since _____ According to 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: _____
Designation: _____

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



| | | | | | | | |
|---|---------------------------------------|--|---|---------------------------------------|---------------------------------|----------------------|----------------------|
| Name | <input type="text"/> | | <input checked="" type="radio"/> Father | <input type="radio"/> Mother | <input type="radio"/> Husband's | Name | <input type="text"/> |
| Designation | <input type="text"/> | Date of Birth | <input type="text"/> | DD-MM-YYYY | Date of Apptt. in DDA | <input type="text"/> | DD-MM-YYYY |
| UID No. | <input type="text"/> | Pay Band/ Grade Pay (upload latest Pay Slip) | <input type="button" value="UPLOAD"/> | | | | |
| Details of Department/Division | | | | | | | |
| Department/Division | <input type="text"/> | | | | | | |
| House No./Street/Road | <input type="text"/> | State | <input type="text" value="—Select—"/> | | | | |
| City | <input type="text" value="—Select—"/> | District | <input type="text" value="—Select—"/> | Pin Code | <input type="text"/> | | |
| Mobile/Phone | <input type="text"/> | Email ID | <input type="text"/> | | | | |
| Photocopy of Bank Passbook 1 st Page | <input type="button" value="UPLOAD"/> | | Photocopy of Family Details | <input type="button" value="UPLOAD"/> | | | |

- Tick option (s) from the following (family visit allowed with 2 children only):
- Visit of a Newspaper Printing Press
 - Aravalli Bio-Diversity Park
 - Yamuna Bio-Diversity Park
 - Okhla Bird Sanctuary
 - Garden of five senses
 - Kalindi Kunj
 - Purana Kila Boating Park
 - Chilla Park (Sanjay Jheel)
 - Visit of FM Radio Station Office

The employee photo is to be attested by the concern in-charge

Note: Final decision will be taken by the Governing Body based on number of option(s) received from the Applicants.

DECLARATION

I hereby declare that all the facts stated above by me are true and I/my son/my daughter have not attended any camp in the past. I will follow all rules/regulations as prescribed during my stay at the camp & any violation/defiance would result in action as deemed fit for consideration by the administration.

| | |
|-------------------------------|---------------------------|
| Signature/ Stamp of In-Charge | Signature of the Employee |
|-------------------------------|---------------------------|

Medical Certificate

It is certified that Smt. W/o D/o Designation possesses good health for travel.

Signature/ Stamp of Medical Officer

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Staff Quarter Section

| S.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

98

FORM-C

| | | | |
|---|--|---|--|
| Applying for Type | | <input type="radio"/> I. <input type="radio"/> II. <input type="radio"/> III. <input type="radio"/> IV. | |
| Grade Pay Limit | | <input type="radio"/> Rs. 1300 to Rs.1800/- <input type="radio"/> Rs. 1900 to Rs.2800/- <input type="radio"/> Rs. 4200 to Rs.4800/- <input type="radio"/> Rs. 5400 to Rs.6600/- | |
| Name of the Applicant | | | |
| Name of | | <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Husband's | |
| Designation | | Date of Birth | DD-MM-YYYY |
| Grade Pay as on 1 st April 2014 | | ₹ | |
| Office Address where posted | | | |
| House No./Street/Road | | State | —Select— |
| City | —Select— | District | —Select— |
| Mobile/Phone | Email ID | | |
| Pool under which you are applying | | <input type="radio"/> General Pool <input type="radio"/> SC Pool <input type="radio"/> ST Pool <input type="radio"/> 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 | | |
| Present Residential Address for Correspondence | | | |
| House No./Street/Road | | State | —Select— |
| City | —Select— | DISTRICT | —Select— |
| Email ID | | | |
| Whether having accommodation facility from DDA or any other Govt. Organisations. | | <input type="radio"/> Yes <input type="radio"/> No | |
| (If yes, give full details including date of allotment/ locality/type etc.) | UPLOAD | Did you apply last year | <input type="radio"/> Yes <input type="radio"/> No |
| Grounds/ Reason of Request for Change of Floor/ Locality | | | |
| Are you debarred from allotment of Govt. residence | <input type="radio"/> Yes <input type="radio"/> No | If Yes, upto which date? | DD-MM-YYYY |
| Whether you are a regular employee of DDA? | <input type="radio"/> Yes <input type="radio"/> No | Whether you are on deputation in DDA? | <input type="radio"/> Yes <input type="radio"/> 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 Whether your wife/husband/member of family residing with you are in the services of Central Government/ State Government/Government controlled unit? | | <input type="radio"/> Yes <input type="radio"/> No | |
| 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? | | <input type="radio"/> Yes <input type="radio"/> No | |

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 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.

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

I or 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 ₹ _____ as monthly income from this house.

Dated: DD-MM-YYYY

Signature of Applicant

Certified that Sh./Smt./Km. _____ is working as _____ in DDA since
According to the office record, his/her date of appointment on regular Estt. is _____ He/She
is drawing as on 01.04.2014 Grade Pay ₹ _____ since and currently the basic pay is
₹ _____

Signature of Pay & Disbursing Officer

Name: _____

Designation: _____

UPLOAD SEAL

Dated: DD-MM-YYYY

Development Authority Application for the Allotment of Staff Quarter

100

FORM-A

| | | | |
|---|----------|---|----------|
| Applying for Type (Level in Pay Matrix) | | <input type="radio"/> V <input type="radio"/> VI <input type="radio"/> VII | |
| Grade Pay Limit | | <input type="radio"/> Rs. 7600 to Rs.8900/- <input type="radio"/> Rs. 10,000/- and Above | |
| Name of the Applicant | | | |
| Name of | | <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Husband's | |
| Designation | | | |
| Grade Pay as on Current Financial Year | | Date of Birth | |
| ₹ | | DD-MM-YYYY | |
| Office Address where posted | | | |
| House No./Street/Road | | | |
| City | —Select— | District | State |
| Email ID | | —Select— | —Select— |
| Pin Code | | | |
| Pool under which you are applying | | | |
| <input type="radio"/> General Pool <input type="radio"/> SC Pool <input type="radio"/> ST Pool <input type="radio"/> Ladies Pool | | | |
| Date of work-charge apptt. (if applicable) | | Date of appointment on regular Establishment | |
| DD-MM-YYYY | | DD-MM-YYYY | |
| Date of Retirement | | Date when you reached at the state of ₹ 7600/- as Grade Pay | |
| DD-MM-YYYY | | DD-MM-YYYY | |
| Present Residential Address for Correspondence | | | |
| House No./Street/Road | | | |
| City | —Select— | District | State |
| Mobile/Phone | | —Select— | —Select— |
| Pin Code | | | |
| Email ID | | | |
| Whether having accommodation facility from DDA or any other Govt. Organisations. | | | |
| (if yes, give full details) | | Did you applied during the last year | |
| UPLOAD | | <input type="radio"/> Yes <input type="radio"/> No | |
| Grounds/ Reason of Request for Change of Floor/ Locality | | | |
| Are you debarred from allotment of Govt. residence | | If any | |
| <input type="radio"/> Yes <input type="radio"/> No | | | |
| Whether you are a regular employee of DDA? | | If Yes, upto which date? | |
| <input type="radio"/> Yes <input type="radio"/> No | | DD-MM-YYYY | |
| Whether you are on deputation in DDA? | | | |
| <input type="radio"/> Yes <input type="radio"/> 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 in the services of Central Government/ State Government/Government controlled unit? | | | |
| Give details If Yes. | | | |
| <input type="radio"/> Yes <input type="radio"/> No | | | |
| Choice: (Only 2 choice shall be considered) | | | |
| (1) | | (2) | |
| Will you accept the allotment if not made at the place of your choice? | | | |
| <input type="radio"/> Yes <input type="radio"/> No | | | |

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 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 vacate 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.

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

I or 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 ₹ | as monthly income from this house.

Dated: | DD-MM-YYYY

Signature of Applicant

Certified that Sh./Smt./Km. | is working as | in DDA since |
According to the office record, his/her date of appointment on regular Estt. is | He/She
Grade Pay as on 1st April, 2014 Grade Pay ₹ | since and currently the basic pay is
₹ |

Signature of Pay & Disbursing Officer

Name: |

Designation: |

UPLOAD SEAL

Dated: | DD-MM-YYYY



Delhi Development Authority

Application for the Allotment of Staff Quarter

100

FORM-A

| | | | |
|---|----------|--|--|
| Applying for Type (Level in Pay Matrix) | | <input type="radio"/> V <input type="radio"/> VI <input type="radio"/> VII | |
| Grade Pay Limit | | <input type="radio"/> Rs. 7600 to Rs.8900/- <input type="radio"/> Rs. 10,000/- and Above | |
| Name of the Applicant | | | |
| Name of | | <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Husband's | |
| Designation | | Date of Birth | |
| | | DD-MM-YYYY | |
| Grade Pay as on Current Financial Year | | ₹ | |
| Office Address where posted | | | |
| House No./Street/Road | | State | |
| | | —Select— | |
| City | —Select— | District | —Select— |
| | | | Pin Code |
| Email ID | | | |
| Pool under which you are applying | | <input type="radio"/> General Pool <input type="radio"/> SC Pool <input type="radio"/> ST Pool <input type="radio"/> Ladies Pool | |
| Date of work-charge apptt. (if applicable) | | Date of appointment on regular Establishment | |
| DD-MM-YYYY | | DD-MM-YYYY | |
| Date of Retirement | | Date when you reached at the State of ₹.7600/- as Grade Pay | |
| DD-MM-YYYY | | DD-MM-YYYY | |
| Present Residential Address for Correspondence | | | |
| House No./Street/Road | | State | |
| | | —Select— | |
| City | —Select— | District | —Select— |
| | | | Pin Code |
| Mobile/Phone | | Email ID | |
| Whether having accommodation facility from DDA or any other Govt. Organisations. | | | |
| <input type="radio"/> Yes <input type="radio"/> No | | | |
| (If yes, give full details) | | Did you applied during the last year | |
| UPLOAD | | <input type="radio"/> Yes <input type="radio"/> No | |
| | | If any | |
| Grounds/ Reason of Request for Change of Floor/ Locality | | | |
| | | | |
| Are you debarred from allotment of Govt. residence | | If Yes, upto which date? | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No | | DD-MM-YYYY | |
| Whether you are a regular employee of DDA? | | Whether you are on deputation in DDA? | |
| <input type="radio"/> Yes <input type="radio"/> No | | <input type="radio"/> Yes <input type="radio"/> 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 in the services of Central Government/ State Government/Government controlled unit? | | | <input type="radio"/> Yes <input type="radio"/> No |
| Give details if Yes. | | | |
| | | | |
| Choice: (Only 2 choice shall be considered) | | (1) (2) | |
| | | | |
| Will you accept the allotment if not made at the place of your choice? | | | <input type="radio"/> Yes <input type="radio"/> No |

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 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.

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

I or 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 ₹ | as monthly income from this house.

Dated: | DD-MM-YYYY

Signature of Applicant

Certified that Sh./Smt./Km. | is working as | in DDA since |
According to the office record, his/her date of appointment on regular Estt. is | He/She
Grade Pay as on 1st April, 2014 Grade Pay ₹ | since and currently the basic pay is ₹ |

Signature of Pay & Disbursing Officer

Name: |

Designation: |

UPLOAD SEAL

Dated: | DD-MM-YYYY



Delhi Development Authority

Application for the Change of Staff Quarter

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FORM-C

| | | | |
|--|------------|--|---|
| Applying for Type | | <input type="checkbox"/> V <input type="checkbox"/> VI <input type="checkbox"/> VII <input type="checkbox"/> VIII | |
| Grade Pay Limit | | <input type="checkbox"/> Rs. 7600 to Rs.8900/- <input type="checkbox"/> Rs. 10,000/- and Above | |
| Name of the Applicant | | | |
| Name of | | <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Husband's | |
| Designation | | Date of Birth | DD-MM-YYYY |
| Grade Pay as on 1 st April 2014 | | ₹ | |
| Office Address where posted | | | |
| House No./Street/Road | | State | — Select — |
| City | — Select — | District | — Select — |
| Mobile/Phone | | Email ID | |
| Pin Code | | | |
| Pool under which you are applying | | <input type="checkbox"/> General Pool <input type="checkbox"/> SC Pool <input type="checkbox"/> ST Pool <input type="checkbox"/> Ladies Pool | |
| Date of work-charge apptt. (if applicable) | | DD-MM-YYYY | Date of appointment on regular Establishment |
| Date of Retirement | | DD-MM-YYYY | Date when you reached at the state of ₹.7600/- as Grade Pay |
| DD-MM-YYYY | | 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. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| (If yes, give full details including date of allotment/ locality/type etc.) | | UPLOAD | Did you applied during the last year |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | If any |
| Grounds/ Reason of Request for Change of Floor/ Locality | | | |
| Are you debarred from allotment of Govt. residence | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If Yes, upto which date? |
| | | | DD-MM-YYYY |
| Whether you are a regular employee of DDA? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Whether you are on deputation in DDA? |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 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 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.

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.

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

I or 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 ₹ | as monthly income from this house.

Dated: | DD-MM-YYYY

Signature of Applicant

Certified that Sh./Smt./Km. | is working as | in DDA since |
According to the office record, his/her date of appointment on regular Estt. is | He/She
is drawing as on 01.04.2014 Grade Pay ₹ | since and currently basic pay is
₹ |

Signature of Pay & Disbursing Officer

Name: |

Designation: |

UPLOAD SEAL

Dated: | DD-MM-YYYY

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 (Informative):

Form with fields: Name of Employee/Pensioner, Designation, Medical Card No., Name of Hospital, a) Empanelled (Yes/No), b) Registered (Yes/No), Basic Pay, Grade Pay, Name of Bank, IFS Code, Account No., Page Numbering of Claim papers, Whether Medical Advance paid, Period of Treatment.

Part-B (to attach documents):

B-1: (In case of Empanelled Hospitals)

Table with columns: Document Name, Action (UPLOAD), Description, Action (UPLOAD). Rows include Discharge Summary, Original Bill, and Medical Card.

B-2: (Additional in case of Non- Empanelled Hospital)

Table with columns: Document Name, Action (UPLOAD), Description, Action (UPLOAD). Rows include Prescription Slips and Registration Certificate of Hospital.

Note:

- 1. In cases of Cardiac Artery/Vascular Stenting and Cataract surgery the Pouch of Stents and Sticker of lens respectively to be attached.
2. Certificate issued by Hospital may be produced in case of replacement of knee.
3. In case of empanelled hospitals whether his/her identity was disclosed by the employee/pensioner of DDA at the time of hospitalisation..

Yes No

Signature of Applicant

Detail of Address

Form with fields: House No./Street/Road, City, Pin Code, E-mail ID, State, District, Mobile/Phone.



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

| | | | |
|--|-----------------|---|--------|
| Medical Card No. | | Name of Pensioner/Family Pensioner/Official | |
| Name of Spl. Chronic Disease OR Specify the operation (for Post-Operative) | | | |
| Amount of Claim | ₹ | Statement of VRS. | UPLOAD |
| Original Cash Memo | UPLOAD | Prescription | UPLOAD |
| Period of Medicine Claimed | Previous Claim: | | to |
| | This Claim: | | to |

Certificate/Undertaking:

1. I undertake that medicines claimed are exclusively for the treatment of special disease mentioned above only (In case of diabetes disease occurred with diabetes as ancillary).
2. I undertake that the quantity of medicines purchased is in accordance with the prescription.
3. It is certified that all medicines purchased before this claim have been consumed by me in accordance to prescription.
4. Doctor's certificate (Essentiality certificate) is appended.
5. I also undertake that I will, without any demur, refund the amount to DDA, the amount, if any found inadmissible on detailed scrutiny/audit subsequently.
6. I am liable to face any action, if taken by DDA on A/c of false/inadmissible claim including disciplinary action.

Please, make payment through my following bank account

State Bank of India
 Central Bank of India
 Other Bank

Saving Account No.
 IFSC Code:

Signature

Detail of Address

House No./Street/Road
 State

City
 District

Pin Code
 Mobile/Phone

E-mail ID.

| Detail/Statement of all Vouchers of OPD Claim for . | | | | | |
|---|------------|------------------------|------------|-----------------------------|--------|
| S. No. | Date | Cash Memo/ Receipt No. | Date | Name of Doctor/Hospital/Lab | Amount |
| | DD-MM-YYYY | | DD MM YYYY | | ₹ |
| | | | | | ADD |
| Total Amount | | | | | ₹ |

Signature of the Claimant

Name



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

Working Staff

| | | | | |
|--|--|------------------------------|---------------------------------|-----------------|
| Name of Bank: | --Select-- | | | |
| IF'S Code | Account No. | | | |
| New Biometric Medical Card No. | Name of Employee | | | |
| Name of Section in which working | Designation | | | |
| Name of | <input type="radio"/> Father | <input type="radio"/> Mother | <input type="radio"/> Husband's | |
| Phone/Mobile No. | Email ID | | | |
| Pay Scale last drawn | Grade Pay last drawn | | | |
| Amount of entitlement under the Annual Ceiling | <input type="radio"/> ₹ 36000 <input type="radio"/> ₹ 27000 <input type="radio"/> ₹ 18000 <input type="radio"/> ₹ 13500* | | | |
| Name of Spl. Choronic Disease OR Specify the operation (for Post-Operative): | | | | |
| Amount of OPD Claim | ₹ | Statement of VRS | UPLOAD | |
| Original Cash Memo | UPLOAD | Prescription | UPLOAD | Copy of BM Card |
| | | | UPLOAD | UPLOAD |

*Strike out which is not applicable.

PRE-RECEIPT CUM UNDERTAKING

Received ₹ through credit transfer in SBI/CBI/received Cheque for the bank. I also undertake to refund the amount, if excess/inadmissible amount is found in my pension/other dues/future payments.

Date: DD-MM-YYYY

Signature of the Claimant

FOR OFFICE USE ONLY

Pay Order

Please Pay ₹ (Rupees) To Sh./Smt. By cheque/transfer of credit.

Signature

Asstt. Accounts Officer (OPD Medical Counter)

| Detail/Statement of all Vouchers of OPD Claim for | | | | | ₹ |
|---|------------|------------------------|------------|-----------------------------|----------------|
| S. No. | Date | Cash Memo/ Receipt No. | Date | Name of Doctor/Hospital/Lab | Amount |
| | DD-MM-YYYY | | DD-MM-YYYY | | ₹ |
| | | | | | ADD |
| | | | | | Total Amount ₹ |

Signature of the Claimant

Name



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

Pensioner/Family Pensioners

| | | | | |
|--|--|--|------------------------------|---------------------------------|
| Name of Bank: | — Select — | | | |
| IFS Code | Account No. | | | |
| New Biometric Medical Card No. | Name of Employee/Pensioner/ Family Pensioner* | | | |
| Designation | Name of | <input type="radio"/> Father | <input type="radio"/> Mother | <input type="radio"/> Husband's |
| Phone/Mobile No. | Email ID | | | |
| Pay Scale last drawn | Grade Pay last drawn | | | |
| Amount of entitlement under the Annual Ceiling | <input type="radio"/> ₹ 28800 <input type="radio"/> ₹ 21600 <input type="radio"/> ₹ 14400 <input type="radio"/> ₹ 10800* | | | |
| Name of Spl. Chronic Disease OR Specify the operation (for Post-Operative) | | | | |
| Amount of OPD Claim | ₹ | Statement of VRS. | UPLOAD | |
| Original Cash Memo | UPLOAD | Prescription | UPLOAD | UPLOAD |
| Ref. to Medical Contribution paid | ₹ | Medical I. Card/Cash Receipt <i>(in case of Pensioner/Family Pensioner)</i> | UPLOAD | |

*Strike out which is not applicable

PRE-RECEIPT CUM UNDERTAKING

Received ₹ through credit transfer in SBI/CBI/received Cheque for the bank. I also undertake to refund the amount, if excess/inadmissible amount is found in my pension/other dues/future payments.

Date: DD-MM-YYYY

Signature of the Claimant

FOR OFFICE USE ONLY

Pay Order

Please Pay ₹ (Rupees) To Sh./Smt. By cheque/transfer of credit.

Signature

Asstt. Accounts Officer (OPD Medical Counter)

| Detail/Statement of all Vouchers of OPD Claim for | | | | | ₹ |
|---|------------|------------------------|------------|-----------------------------|--------|
| S. No. | Date | Cash Memo/ Receipt No. | Date | Name of Doctor/Hospital/Lab | Amount |
| | DD-MM-YYYY | | DD-MM-YYYY | | ₹ |
| ADD | | | | | |
| Total Amount | | | | | ₹ |

Signature of the Claimant

Name



Delhi Development Authority

Swarna Jayanti Aarogya Yojna

Application for Medical Identity Card

72

UPLOAD
PASSPORT
SIZE
PHOTO

FORM-B

Pensioners

| | | | | | |
|--|------------------------------|--|--|---|--|
| Name of the Applicant | | | | | |
| Name of | <input type="radio"/> Father | <input type="radio"/> Mother | <input type="radio"/> Husband's | | |
| 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 | |
| | | | | | Signature of Applicant |
| Name of Bank | | Account No. | | | |
| Branch Name | | | | | |
| Bank Address | | | | | |
| House No./Street/Road | | | State | —Select— | |
| City | —Select— | District | —Select— | Pin Code | |
| Are you availing any medical facility as dependent on your son/daughter/parents who are government employees. | | | | | <input type="radio"/> Yes <input type="radio"/> No |
| Whether spouse is/was working in Central Govt./State Govt./Statutory Autonomous Body/Public Sector Enterprise/Local Body/Private Organization? | | | | | <input type="radio"/> Yes <input type="radio"/> No |
| If yes, mention complete name and address of the Spouse office? | | | | | |
| Address of Spouse Office | | | | | |
| Name of Spouse | | | | | |
| House No./Street/Road | | | State | —Select— | |
| City | —Select— | District | —Select— | Pin Code | |
| Mobile/Phone | | Email ID | | | |
| Whether medical facilities being availed from that office? | | | | | <input type="radio"/> Yes <input type="radio"/> No |
| Is he/she is willing to avail medical facilities under DDA Medical Scheme? | | | | | <input type="radio"/> Yes <input type="radio"/> No |
| If Yes, have you submitted the joint declaration form? | | | | | <input type="radio"/> Yes <input type="radio"/> No |
| Whether he/spouse/other dependents is/are availing the medical facility from any other department? | | | | | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="checkbox"/> Children Studying <input type="checkbox"/> Children Employed | | | | | |
| <i>(Married, employed children & sons more than 25 years of age shall not be treated as dependents) (Son suffering from permanent disability irrespective of age limit are treated as dependents.)</i> | | | | | |
| Are your parents dependent on you? | | <input type="radio"/> Yes <input type="radio"/> No | Are they living with you or your family? | | <input type="radio"/> Yes <input type="radio"/> No |
| Since When? | | UPLOAD DOCUMENTARY PROOF | | | |
| Are they availing any medical facility as dependent from any other source? | | | <input type="radio"/> Yes <input type="radio"/> No | Are they pensioner <input type="radio"/> Yes <input type="radio"/> No | |
| Details of their income from all sources | | UPLOAD | | | |
| | | | | | Signature of Applicant |

DECLARATION

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

| | | | | | | | | | | | |
|--|---|--|---------------|------------|--|-------------------|--|----------|--|---------------|------------|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name of Spouse</td> <td style="width: 50%;"></td> </tr> <tr> <td>Date of Birth</td> <td>DD-MM-YYYY</td> </tr> </table> | Name of Spouse | | Date of Birth | DD-MM-YYYY | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name of Dependent</td> <td style="width: 50%;"></td> </tr> <tr> <td>Relation</td> <td></td> </tr> <tr> <td>Date of Birth</td> <td>DD-MM-YYYY</td> </tr> </table> | Name of Dependent | | Relation | | Date of Birth | DD-MM-YYYY |
| Name of Spouse | | | | | | | | | | | |
| Date of Birth | DD-MM-YYYY | | | | | | | | | | |
| Name of Dependent | | | | | | | | | | | |
| Relation | | | | | | | | | | | |
| Date of Birth | DD-MM-YYYY | | | | | | | | | | |
| <div style="border: 1px solid black; padding: 10px; width: 80%; margin: auto;"> <p>1</p> <p>UPLOAD PASSPORT SIZE PHOTO</p> </div> | <div style="border: 1px solid black; padding: 10px; width: 80%; margin: auto;"> <p>2</p> <p>UPLOAD PASSPORT SIZE PHOTO</p> </div> | | | | | | | | | | |

| | | | | | | | | | | | | | |
|--|---|--|----------|--|---------------|------------|--|-------------------|--|----------|--|---------------|------------|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name of Dependent</td> <td style="width: 50%;"></td> </tr> <tr> <td>Relation</td> <td></td> </tr> <tr> <td>Date of Birth</td> <td>DD-MM-YYYY</td> </tr> </table> | Name of Dependent | | Relation | | Date of Birth | DD-MM-YYYY | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name of Dependent</td> <td style="width: 50%;"></td> </tr> <tr> <td>Relation</td> <td></td> </tr> <tr> <td>Date of Birth</td> <td>DD-MM-YYYY</td> </tr> </table> | Name of Dependent | | Relation | | Date of Birth | DD-MM-YYYY |
| Name of Dependent | | | | | | | | | | | | | |
| Relation | | | | | | | | | | | | | |
| Date of Birth | DD-MM-YYYY | | | | | | | | | | | | |
| Name of Dependent | | | | | | | | | | | | | |
| Relation | | | | | | | | | | | | | |
| Date of Birth | DD-MM-YYYY | | | | | | | | | | | | |
| <div style="border: 1px solid black; padding: 10px; width: 80%; margin: auto;"> <p>3</p> <p>UPLOAD PASSPORT SIZE PHOTO</p> </div> | <div style="border: 1px solid black; padding: 10px; width: 80%; margin: auto;"> <p>4</p> <p>UPLOAD PASSPORT SIZE PHOTO</p> </div> | | | | | | | | | | | | |

Signature of Applicant

| | | | | | | | | | | | | | |
|--|---|--|----------|--|---------------|------------|--|-------------------|--|----------|--|---------------|------------|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name of Dependent</td> <td style="width: 50%;"></td> </tr> <tr> <td>Relation</td> <td></td> </tr> <tr> <td>Date of Birth</td> <td>DD-MM-YYYY</td> </tr> </table> | Name of Dependent | | Relation | | Date of Birth | DD-MM-YYYY | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name of Dependent</td> <td style="width: 50%;"></td> </tr> <tr> <td>Relation</td> <td></td> </tr> <tr> <td>Date of Birth</td> <td>DD-MM-YYYY</td> </tr> </table> | Name of Dependent | | Relation | | Date of Birth | DD-MM-YYYY |
| Name of Dependent | | | | | | | | | | | | | |
| Relation | | | | | | | | | | | | | |
| Date of Birth | DD-MM-YYYY | | | | | | | | | | | | |
| Name of Dependent | | | | | | | | | | | | | |
| Relation | | | | | | | | | | | | | |
| Date of Birth | DD-MM-YYYY | | | | | | | | | | | | |
| <div style="border: 1px solid black; padding: 10px; width: 80%; margin: auto;"> <p>5</p> <p>UPLOAD PASSPORT SIZE PHOTO</p> </div> | <div style="border: 1px solid black; padding: 10px; width: 80%; margin: auto;"> <p>6</p> <p>UPLOAD PASSPORT SIZE PHOTO</p> </div> | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|--|---|--|----------|--|---------------|------------|--|-------------------|--|----------|--|---------------|------------|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name of Dependent</td> <td style="width: 50%;"></td> </tr> <tr> <td>Relation</td> <td></td> </tr> <tr> <td>Date of Birth</td> <td>DD-MM-YYYY</td> </tr> </table> | Name of Dependent | | Relation | | Date of Birth | DD-MM-YYYY | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name of Dependent</td> <td style="width: 50%;"></td> </tr> <tr> <td>Relation</td> <td></td> </tr> <tr> <td>Date of Birth</td> <td>DD-MM-YYYY</td> </tr> </table> | Name of Dependent | | Relation | | Date of Birth | DD-MM-YYYY |
| Name of Dependent | | | | | | | | | | | | | |
| Relation | | | | | | | | | | | | | |
| Date of Birth | DD-MM-YYYY | | | | | | | | | | | | |
| Name of Dependent | | | | | | | | | | | | | |
| Relation | | | | | | | | | | | | | |
| Date of Birth | DD-MM-YYYY | | | | | | | | | | | | |
| <div style="border: 1px solid black; padding: 10px; width: 80%; margin: auto;"> <p>7</p> <p>UPLOAD PASSPORT SIZE PHOTO</p> </div> | <div style="border: 1px solid black; padding: 10px; width: 80%; margin: auto;"> <p>8</p> <p>UPLOAD PASSPORT SIZE PHOTO</p> </div> | | | | | | | | | | | | |

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/-
3. My 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

Following contributions has/have been paid by me. Copies of receipt are attached.

| Sl. No. | Cash Memo/ Receipt No. | Date DD-MM-YYYY | Amount ₹ | Remarks <input type="checkbox"/> Receipt attached <input type="checkbox"/> Receipt not attached |
|---------------------|------------------------|--------------------|-------------|--|
| | | | | |
| Total Amount | | | | ₹ |

VERIFICATION

Medical contribution of ₹ has been paid by above named pensioner vide cash receipt has been verified from the records/receipts.

Further the entitlement of the member included in this card has been checked strictly as per DDA medical scheme/CS (MA) Rules.

Entitled to category:-
 PRIVATE SEMI PRIVATE GENERAL WARD

AD Medical/ Sr. AO (Medical)

FOR OFFICE USE ONLY

| | | | |
|----------|--|-----------|--|
| Card No. | <input style="width: 95%;" type="text"/> | Issued on | <input style="width: 95%;" type="text"/> |
|----------|--|-----------|--|

Signature of Advisor (Fin & Med)



Delhi Development Authority

Swarna Jayanti Aarogya Yojna

Application for Medical Identity Card

70

UPLOAD
PASSPORT
SIZE
PHOTO

FORM-C

Family Pensioners

| | | | |
|--|--|---|--|
| Name of Family Pensioner | | Name of DDA Employee | |
| Name of <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Husband <input type="radio"/> Wife | | | |
| Relationship of Family Pensioner with the Employee | | | |
| Date of Retirement | DD-MM-YYYY | Date Death of DDA Employee | DD-MM-YYYY |
| Designation at the time of Retirement | DD-MM-YYYY | Designation at the time of Death of DDA Employee | DD-MM-YYYY |
| Designation at the time of Pensioner | DD-MM-YYYY | Basic Pay at the time of Retirement | |
| Basic Pay at the time of Death of DDA Employee | | Basic Pay at the time of Pensioner | |
| PPO No. | | Date of Birth of Family Pensioner | DD-MM-YYYY |
| 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 |
| Residential Address | | | |
| House No./Street/Road | | State | —Select— |
| City | —Select— | District | —Select— |
| Mobile/Phone | | Email ID | |
| | | | Signature of Applicant |
| Name of Bank | | Account No. | |
| Branch Name | | | |
| Bank Address | | | |
| House No./Street/Road | | State | —Select— |
| City | —Select— | District | —Select— |
| Mobile/Phone | | Email ID | |
| Are you availing any medical facility as dependent on your son/daughter/parents etc. who are government employees. | | | <input type="radio"/> Yes <input type="radio"/> No |
| If yes, state the organization and complete address. | | | |
| Address of Organization | | | |
| Name of Organization | | | |
| House No./Street/Road | | State | —Select— |
| City | —Select— | District | —Select— |
| Mobile/Phone | | Email ID | |
| <input type="checkbox"/> Children Studying <input type="checkbox"/> Children Employed | | | |
| <i>(Married, employed children & sons more than 25 years of age shall not be treated as dependents) (Son suffering from permanent disability irrespective of age limit are treated as dependents.)</i> | | | |
| Are they availing Medical facilities from any other source/Dept. | | | <input type="radio"/> Yes <input type="radio"/> No |
| Are your parent in-laws dependent on you? (Only for women pensioners) | | | <input type="radio"/> Yes <input type="radio"/> No |
| Are they living with you or your family? | <input type="radio"/> Yes <input type="radio"/> No | Since When? | |
| Are they availing any medical facility as dependent from any other source? | | | <input type="radio"/> Yes <input type="radio"/> No |
| Are they Pensioner? | <input type="radio"/> Yes <input type="radio"/> No | Details of their income from all source (including Pension) | UPLOAD DOCUMENTARY PROOF |

Signature of Applicant

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 | Date of Birth |
| DD-MM-YYYY | DD-MM-YYYY |
| <div style="border: 1px solid black; padding: 10px; width: 80%; margin: auto;"> <p style="text-align: center;">1</p> <p style="text-align: center;">UPLOAD PASSPORT SIZE PHOTO</p> </div> | <div style="border: 1px solid black; padding: 10px; width: 80%; margin: auto;"> <p style="text-align: center;">2</p> <p style="text-align: center;">UPLOAD PASSPORT SIZE PHOTO</p> </div> |

| | |
|---|---|
| Name of Dependent | Name of Dependent |
| Relation | Relation |
| Date of Birth | Date of Birth |
| DD-MM-YYYY | DD-MM-YYYY |
| <div style="border: 1px solid black; padding: 10px; width: 80%; margin: auto;"> <p style="text-align: center;">3</p> <p style="text-align: center;">UPLOAD PASSPORT SIZE PHOTO</p> </div> | <div style="border: 1px solid black; padding: 10px; width: 80%; margin: auto;"> <p style="text-align: center;">4</p> <p style="text-align: center;">UPLOAD PASSPORT SIZE PHOTO</p> </div> |

Signature of Applicant

| | |
|---|---|
| Name of Dependent | Name of Dependent |
| Relation | Relation |
| Date of Birth | Date of Birth |
| DD-MM-YYYY | DD-MM-YYYY |
| <div style="border: 1px solid black; padding: 10px; width: 80%; margin: auto;"> <p style="text-align: center;">5</p> <p style="text-align: center;">UPLOAD PASSPORT SIZE PHOTO</p> </div> | <div style="border: 1px solid black; padding: 10px; width: 80%; margin: auto;"> <p style="text-align: center;">6</p> <p style="text-align: center;">UPLOAD PASSPORT SIZE PHOTO</p> </div> |

| | |
|---|---|
| Name of Dependent | Name of Dependent |
| Relation | Relation |
| Date of Birth | Date of Birth |
| DD-MM-YYYY | DD-MM-YYYY |
| <div style="border: 1px solid black; padding: 10px; width: 80%; margin: auto;"> <p style="text-align: center;">7</p> <p style="text-align: center;">UPLOAD PASSPORT SIZE PHOTO</p> </div> | <div style="border: 1px solid black; padding: 10px; width: 80%; margin: auto;"> <p style="text-align: center;">8</p> <p style="text-align: center;">UPLOAD PASSPORT SIZE PHOTO</p> </div> |

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 in-Law and/ or dependent mother in-Law is less than ₹3,500/-
- 3. My 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 furnished by the applicant has been verified.

Further the entitlement of the member included in this card has been checked strictly as per DDA medical scheme/CS (MA) Rules.

Entitled to Category:

PRIVATE SEMI PRIVATE GENERAL WARD

Signature Sr. AO (Medical)/ (Pension)

| | | | |
|------|--|-------------|--|
| Name | | Designation | |
|------|--|-------------|--|

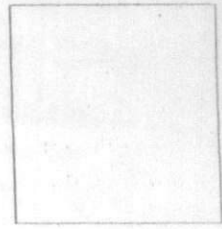
Signature (D.D./ A.D. Medical)

| | | | |
|------|--|-------------|--|
| Name | | Designation | |
|------|--|-------------|--|

| | | |
|------------|--|---|
| Sh. / Smt. | | 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) |
|-------|------------|-----------------------------------|



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

Select Category COMPANY FIRM INDIVIDUAL

| | |
|--|---|
| Details of the Company/Firm | |
| Name of the Company/ Firm | NAME |
| Name of the Proprietor | NAME |
| Name of the Partner/ Partners/ Share Holders | NAME ADD |
| Name of the Share Holder/s is to be certified by Chartered Accountant (CA) | UPLOAD |
| Name of the Board of Directors (In case of Company) | NAME ADD |

| | |
|--|------|
| Details of Allottee | |
| Name of the first Allottee | NAME |
| Name of <input type="checkbox"/> Mother or <input type="checkbox"/> Father or <input type="checkbox"/> Husband | NAME |
| Name of the Second/ Joint Allottee (If Applicable) | NAME |
| Name of <input type="checkbox"/> Mother or <input type="checkbox"/> Father or <input type="checkbox"/> Husband | NAME |
| Name of the Attorney | NAME |

| | | | |
|--|---|---------------|---|
| Details of the Address of the Attorney | | | |
| House No./Street/Road | | State | —Select— v |
| City | —Select— v | District | —Select— v |
| Pin Code | | Mobile/ Phone | |
| Fax | | E-mail ID | |
| Name of the person in whose favour the Conversion is being done (Agreement to sell holder) | | | NAME |

| | | | |
|--|---|---------------|---|
| Details of Address of the Applicant | | | |
| House No./Street/Road | | State | —Select— v |
| City | —Select— v | District | —Select— v |
| Pin Code | | Mobile/ Phone | |
| Fax | | E-mail ID | |
| File No. | | | |

| | | | |
|--|--|-------|--|
| Details of Industrial plot allotted by DDA for which conversion is being sought | | | |
| Unit No. | | Block | |
| Size (In sqm) | | Area | |

| | | |
|--|--|--------|
| No objection certificate | | UPLOAD |
| Whether property is Mortgaged? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If Yes, whether no objection certificate from the mortgagee(s) enclose? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Whether there is any dispute pending in the court of law or otherwise regarding the title of the property/flat under reference | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

| | | |
|--------|--|------------------------|
| Date: | | Signature of Applicant |
| Place: | | UPLOAD |

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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 |

| | | | |
|--|--|---|--|
| Name of Society | | Name of Colony | |
| No. & Plinth Area | Plot Area (Sq. Metre) | Covered area on ground and other floors, if any (Sq. Metre) | |
| Sector | Block | Pocket | |
| Flats constructed by Co-operative Group Housing Societies | | | |
| Name of Society | | Name of Colony | |
| Sector | Block | Pocket | |
| Plinth area of flat (Sq. Metre) | | Covered area of flat (approximate) | |
| Date of Physical Possession (If available) | | | |
| Whether the lease/sub-lease deed is executed and registered? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Details of Registration of lease deed, if any in respect to plots | | | |
| Registration No. | Book No. | Date | |
| Vol. No. | Page From | To | |
| Whether use of the property as per lease deed/sub-lease deed/allotment letter is residential | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Area of the portion being used for the purpose other than residential (Sq. Metre) | | | |
| Percentage of i) above to the total covered area of the property | | | |
| Type of other than residential use | | | |
| Professional use | | | |
| <input type="checkbox"/> Doctor <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Lawyer <input type="checkbox"/> Chartered Accountant <input type="checkbox"/> Advocate <input type="checkbox"/> Consultant <input type="checkbox"/> Journalist <input type="checkbox"/> Artist <input type="checkbox"/> Designer | | | |
| Nature of household industries | | | |
| Please put in the serial number of the household industries mentioned in Annexure "E" | | | |
| In case of professional use | | | |
| Whether the person is in occupation of the property? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| In case of household industries | | | |
| Whether the household industry is run by the occupants of the property? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Whether the household industrial activity is being done on the ground floor only? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Number of workers engaged in the household industrial activity? | | | |
| Whether the sanctioned load for power is to be utilised for household industrial activity exceeds 1 KV? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| For the building constructed by the lessee/sub-lessee/allottee, is the copy of completion certificate/ form "D" is enclosed | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Whether the lease/sub-lease/allotment was cancelled/property re-entered? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, whether restored? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Whether there is any dispute pending in the court of law regarding the title of the property? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Whether any application for substitution/Mutation is pending? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Whether there is any unauthorised construction in the premises? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Whether property is Mortgaged? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If 'Yes' whether no objection certificate from mortgagee(s) is enclosed | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Whether upto date ground rent alongwith interest for belated payment, if any, has been paid? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Amount of yearly Ground Rent of individual Plot/Flat as per allotment/demand letter | | | |
| Self-Assessment of Conversion charge Payable | | | |
| Applicant is requested to calculate conversion charges on self-assessment basis as per the Appendix before filling in the columns given below:- | | | |
| Conversion charges | ₹ | In words | |
| Other misuse charges for using the property other than residential use (See para 5 (ii) of the brochure) | ₹ | In words | |
| Surcharges wherever prescribed if the applicant is attorney | ₹ | In words | |
| Sum total | ₹ | In words | |
| DECLARATION | | | |
| <input type="checkbox"/> I/We certify that the information given above is true and correct. I/We understand that if any fact has been suppressed or misrepresented, shall render this application invalid, and conversion null and void. | | | |
| Date: | Signature of Lessee/Sub-Lessee/Allottee/Attorney | | |
| Place: | UPLOAD | | |
| Note: Strike out whatever is not applicable and fill in columns wherever necessary. | | | |



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**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 <input type="checkbox"/> first Allottee <input type="checkbox"/> Sublessee <input type="checkbox"/> Lessee <input type="checkbox"/> Mutatee | | | |
| Name of <input type="checkbox"/> Mother or <input type="checkbox"/> Father or <input type="checkbox"/> Husband | | | |
| Details of Address | | | |
| Correspondence: | | | |
| House No./Street/Road | | State | —Select— |
| City | —Select— | District | —Select— |
| Pin Code | | Mobile/ Phone | |
| Fax | | E-mail ID | |
| Whether the Correspondence Address is same as permanent address (Yes No) If No, then provide the Permanent Address | | | |
| Permanent: | | | |
| House No./Street/Road | | State | —Select— |
| City | —Select— | District | —Select— |
| Pin Code | | Mobile/ Phone | |
| Fax | | E-mail ID | |
| Name of the <input type="checkbox"/> Second <input type="checkbox"/> Joint Allottee <input type="checkbox"/> Sublessee <input type="checkbox"/> Lessee (If Applicable) | | | |
| Name of <input type="checkbox"/> Mother or <input type="checkbox"/> Father or <input type="checkbox"/> Husband | | | |
| Details of Address | | | |
| House No./Street/Road | | State | —Select— |
| City | —Select— | District | —Select— |
| Pin Code | | Mobile/ Phone | |
| Fax | | E-mail ID | |
| Name of the Applicant (if attorney) | | | |
| Name of <input type="checkbox"/> Mother or <input type="checkbox"/> Father or <input type="checkbox"/> Husband | | | |
| House No./Street/Road | | State | —Select— |
| City | —Select— | District | —Select— |
| Pin Code | | Mobile/ Phone | |
| Fax | | E-mail ID | |
| If the applicant is attorney name of the person in whose favour the conversion is sought (In case of more than one purchaser) | | | |
| Name | | | |
| Name of <input type="checkbox"/> Mother or <input type="checkbox"/> Father or <input type="checkbox"/> Husband | | | |
| If the applicant is attorney | | | |
| 1. Attested copy of power of attorney | | | UPLOAD |
| 2. Document showing physical possession of the premises with the person in whose favour the conversion is sought | | | UPLOAD |
| 3. An agreement to sell or any other document | | | UPLOAD |
| 4. with the person in whose favour the conversion is sought | | | |
| File No. (if known) | | | |
| Details of property | | | |
| Plots allotted/ ceased out by DDA/ DIT | | | |
| Name of Colony | | Plot No. | |
| Plot Area (Sq. Metre) | | Covered area on ground and other Floors, if any (Sq. Metre) | |
| Sector | | Block | Pocket |
| Plots allotted under Co-operative House Building Society/ Scheme | | | |

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

| | | | |
|--|----------------------|---------------|----------------------|
| Details of Allottees | | | |
| Name of the first Firm/ Company allottee | | | |
| Name of <input type="checkbox"/> Mother or <input type="checkbox"/> Father or <input type="checkbox"/> Husband | | | |
| Details of Address | | | |
| Correspondence: | | | |
| House No./Street/Road | | State | <input type="text"/> |
| City | <input type="text"/> | District | <input type="text"/> |
| Pin Code | <input type="text"/> | Mobile/ Phone | <input type="text"/> |
| Fax | <input type="text"/> | E-mail ID | <input type="text"/> |
| Whether the correspondence address is same as permanent address (Yes/ No) if No, then provide the same | | | |
| Permanent: | | | |
| House No./Street/Road | | State | <input type="text"/> |
| City | <input type="text"/> | District | <input type="text"/> |
| Pin Code | <input type="text"/> | Mobile/ Phone | <input type="text"/> |
| Fax | <input type="text"/> | E-mail ID | <input type="text"/> |
| Name of the Second/ Joint Allottee/co-lessee/lessee (If Applicable) | | | |
| Name of <input type="checkbox"/> Mother or <input type="checkbox"/> Father or <input type="checkbox"/> Husband | | | |
| Details of Address | | | |
| Correspondence: | | | |
| House No./Street/Road | | State | <input type="text"/> |
| City | <input type="text"/> | District | <input type="text"/> |
| Pin Code | <input type="text"/> | Mobile/ Phone | <input type="text"/> |
| Fax | <input type="text"/> | E-mail ID | <input type="text"/> |
| Whether the correspondence address is same as permanent address (Yes/ No) if No, then provide the same | | | |
| Permanent: | | | |
| House No./Street/Road | | State | <input type="text"/> |
| City | <input type="text"/> | District | <input type="text"/> |
| Pin Code | <input type="text"/> | Mobile/ Phone | <input type="text"/> |
| Fax | <input type="text"/> | E-mail ID | <input type="text"/> |
| Name of the applicant (if attorney) | | | |
| Name of <input type="checkbox"/> Mother or <input type="checkbox"/> Father or <input type="checkbox"/> Husband | | | |
| Details of Address | | | |
| Correspondence: | | | |
| House No./Street/Road | | State | <input type="text"/> |
| City | <input type="text"/> | District | <input type="text"/> |
| Pin Code | <input type="text"/> | Mobile/ Phone | <input type="text"/> |
| Fax | <input type="text"/> | E-mail ID | <input type="text"/> |
| Whether the correspondence address is same as permanent address (Yes/ No) if No, then provide the same | | | |
| Permanent: | | | |
| House No./Street/Road | | State | <input type="text"/> |
| City | <input type="text"/> | District | <input type="text"/> |
| Pin Code | <input type="text"/> | Mobile/ Phone | <input type="text"/> |
| Fax | <input type="text"/> | E-mail ID | <input type="text"/> |
| If the applicant is attorney, detail of the person in whose favour the conversion is being done | | | |

Name of the first attorney
 Name of Mother or Father or Husband

Details of Address

Correspondence:
 House No./Street/Road _____ State
 City _____ District
 Pin Code _____ Mobile/ Phone _____
 Fax _____ E-mail ID _____

Whether the correspondence address is same as permanent address (Yes/ No) If No, then provide the same

Permanent:
 House No./Street/Road _____ State
 City _____ District
 Pin Code _____ Mobile/ Phone _____
 Fax _____ E-mail ID _____

Name of second attorney
 Name of Mother or Father or Husband

House No./Street/Road _____ State
 City _____ District
 Pin Code _____ Mobile/ Phone _____
 Fax _____ E-mail ID _____

Whether the correspondence address is same as permanent address (Yes/ No) If No, then provide the same

Permanent:
 House No./Street/Road _____ State
 City _____ District
 Pin Code _____ Mobile/ Phone _____
 Fax _____ E-mail ID _____

If the applicant is attorney

Attested copy of power of attorney
 Document showing possession of the premises with in whose favour the conversion is being done
 Agreement to sell or any other document to evidence the transaction in whose favour the conversion is being done
 File No. (if known) _____

Details of property

Name of Colony _____ Plot No. _____
 Plot Area (Sq. Metre) _____ Permissible built up area/FAR (in case of commercial plots only) _____
 Sector _____ Block _____ Pocket _____
 Date of Physical Possession (If available) _____ DD/MM/YYYY

Whether the lease/sub-lease deed is executed and registered? Yes No

Details of Registration of lease deed, if any in respect to plots
 Registration No. _____ Book No. _____ Date _____
 Vol. No. _____ Page From _____ To _____ Yes No

Whether the use of the property is as per lease deed/allotment letter?
 If the area of the portion is not being used for the purpose other than the prescribed use (Sq. Metre)

Type of activities being carried out in portion referred at 11 (i) above
 For the building constructed by the lessee/sub-lessee/allottee, copy of completion certificate/ form "D" Yes No

Whether property stands Mortgaged? Yes No

No objection certificate from mortgagee(s) is enclosed Yes No

Whether the lease/allotment was cancelled/property re-entered? Yes No

If Yes, whether restored? Yes No

Whether there is any dispute pending in the court of law or otherwise regarding the title of the property? Yes No

Whether any application for substitution/Mutation is pending? Yes No

Whether there is any unauthorised construction in the premises? Yes No

Amount of yearly Ground Rent _____ Yes No

Whether upto date ground rent along with interest for belated payment, if any, has been paid? Yes No

Self-Assessment of Conversion charge Payable

Applicant is requested to calculate conversion charges etc. on self-assessment basis as per the Appendix before filling in the columns given below:-

| | | |
|---|---|----------|
| Conversion charges | ₹ | In words |
| Surcharges wherever prescribed if the applicant is attorney | ₹ | In words |
| Sum total | ₹ | In words |

DECLARATION

I/We certify that the information given above is true and correct. I/We understand that if any fact has been suppressed or misrepresented, shall render this application invalid, and conversion null and void.

| | |
|--------|--|
| Date: | |
| Place: | |

Signature of Lessee/Sub-Lessee/Allottee/Attorney

UPLOAD


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**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/ Company allottee/ Sub-Lessee/Lessee | | | |
| Name of <input type="checkbox"/> Mother or <input type="checkbox"/> Father or <input type="checkbox"/> Husband | | | |
| Details of Address | | | |
| Correspondence: | | | |
| House No./Street/Road | | State | <input type="text" value="---Select---"/> |
| City | <input type="text" value="---Select---"/> | District | <input type="text" value="---Select---"/> |
| Pin Code | | Mobile/ Phone | |
| Fax | | E-mail ID | |
| Whether the correspondence address is same as permanent address (Yes/ No) if No, then provide the same | | | |
| Permanent: | | | |
| House No./Street/Road | | State | <input type="text" value="---Select---"/> |
| City | <input type="text" value="---Select---"/> | District | <input type="text" value="---Select---"/> |
| Pin Code | | Mobile/ Phone | |
| Fax | | E-mail ID | |
| Name of the Second/ Joint Allottee/sub-lessee/lessee (if Applicable) | | | |
| Name of <input type="checkbox"/> Mother or <input type="checkbox"/> Father or <input type="checkbox"/> Husband | | | |
| Details of Address | | | |
| Correspondence: | | | |
| House No./Street/Road | | State | <input type="text" value="---Select---"/> |
| City | <input type="text" value="---Select---"/> | District | <input type="text" value="---Select---"/> |
| Pin Code | | Mobile/ Phone | |
| Fax | | E-mail ID | |
| Whether the correspondence address is same as permanent address (Yes/ No) if No, then provide the same | | | |
| Permanent: | | | |
| House No./Street/Road | | State | <input type="text" value="---Select---"/> |
| City | <input type="text" value="---Select---"/> | District | <input type="text" value="---Select---"/> |
| Pin Code | | Mobile/ Phone | |
| Fax | | E-mail ID | |
| Name of the applicant (if attorney) | | | |
| Name of <input type="checkbox"/> Mother or <input type="checkbox"/> Father or <input type="checkbox"/> Husband | | | |
| Details of Address | | | |
| Correspondence: | | | |
| House No./Street/Road | | State | <input type="text" value="---Select---"/> |
| City | <input type="text" value="---Select---"/> | District | <input type="text" value="---Select---"/> |
| Pin Code | | Mobile/ Phone | |
| Fax | | E-mail ID | |
| Whether the correspondence address is same as permanent address (Yes/ No) if No, then provide the same | | | |
| Permanent: | | | |
| House No./Street/Road | | State | <input type="text" value="---Select---"/> |
| City | <input type="text" value="---Select---"/> | District | <input type="text" value="---Select---"/> |
| Pin Code | | Mobile/ Phone | |

| | | | |
|---|---|----------------|--|
| Fax | | E-mail ID | |
| If the applicant is attorney, detail of the person in whose favour the conversion is being sought | | | |
| Name of the first attorney | | | |
| Name of <input type="checkbox"/> Mother or <input type="checkbox"/> Father or <input type="checkbox"/> Husband | | | |
| Details of Address | | | |
| Correspondence: | | | |
| House No./Street/Road | | State | <input type="text" value="---Select---"/> |
| City | <input type="text" value="---Select---"/> | District | <input type="text" value="---Select---"/> |
| Pin Code | | Mobile/ Phone | |
| Fax | | E-mail ID | |
| Whether the correspondence address is same as permanent address (Yes/ No) If No, then provide the same | | | |
| Permanent: | | | |
| House No./Street/Road | | State | <input type="text" value="---Select---"/> |
| City | <input type="text" value="---Select---"/> | District | <input type="text" value="---Select---"/> |
| Pin Code | | Mobile/ Phone | |
| Fax | | E-mail ID | |
| Name of second attorney | | | |
| Name of <input type="checkbox"/> Mother or <input type="checkbox"/> Father or <input type="checkbox"/> Husband | | | |
| House No./Street/Road | | State | <input type="text" value="---Select---"/> |
| City | <input type="text" value="---Select---"/> | District | <input type="text" value="---Select---"/> |
| Pin Code | | Mobile/ Phone | |
| Fax | | E-mail ID | |
| Whether the correspondence address is same as permanent address (Yes/ No) If No, then provide the same | | | |
| Permanent: | | | |
| House No./Street/Road | | State | <input type="text" value="---Select---"/> |
| City | <input type="text" value="---Select---"/> | District | <input type="text" value="---Select---"/> |
| Pin Code | | Mobile/ Phone | |
| Fax | | E-mail ID | |
| If the applicant is attorney | | | |
| Attested copy of power of attorney | | | <input type="text" value="UPLOAD"/> |
| Document showing possession of the premises with the person in whose favour the conversion is being sought | | | <input type="text" value="UPLOAD"/> |
| Agreement to sell or any other document to support the transaction in whose favour the conversion is being sought | | | <input type="text" value="UPLOAD"/> |
| File No. (if known) | | | |
| Details of property | | | |
| Name of Locality | | Name of Colony | |
| Flat/ Floor/ Shop No. | Plinth area of the Flat/Floor/ Shop as per the transaction document (Sq. Metre) | | |
| Proportionate common area attributed to the Flat/Shop/Floor (Sq. Metre) | Total area of Flat/Shop/Floor including proportionate common area | | |
| Plot No. | Plot Area (Sq. Metre) | | |
| Covered area on ground and other Floors, if any (Sq. Metre) | | | |
| Sector | Block | Pocket | |
| Date of Physical Possession (If available) | | DD/MM/YYYY | |
| Whether the Lease/Sub-Lease Deed is executed and registered ? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| -Details of Registration of lease deed/ sub-lease, if any in respect of plots | | | |
| Registration No. | Book No. | Date | |
| Vol. No. | Page From | To | |
| Whether use of the property is as per lease deed/sub-lease deed/allotment letter ? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If the area of the portion is not being used for the purpose other than the prescribed use (Sq. Metre) | | | |
| Type of activities being carried out in portion referred at 11 (i) above | | | |
| For the building constructed by the lessee/sub-lessee/allottee, copy of completion certificate/form "D" | | | <input type="text" value="UPLOAD"/> |
| Whether property stands Mortgaged? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | | | |
|--|---|--|-----------------------------|
| No objection certificate from mortgagee(s) | | UPLOAD  | |
| Whether the lease/ sub-lessee/ allotment was cancelled/property re-entered | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes, whether restored? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Whether there is any dispute pending in the Court of Law regarding the title of the property? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Whether any application for substitution/Mutation is pending? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Whether there is any unauthorised construction in the premises? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Amount of yearly Ground Rent | | | |
| Whether upto date ground rent along with interest for belated payment, if any, has been paid? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Self-Assessment of Conversion charge Payable | | | |
| Applicant is requested to calculate conversion charges on self-assessment basis in the Appendix to the application form before filling in the columns given below:- | | | |
| Conversion charges (in Rs.) | ₹ | In words | |
| Surcharges wherever prescribed if the applicant is attorney (in Rs.) | ₹ | In words | |
| Sum total (in Rs.) | ₹ | In words | |
| DECLARATION | | | |
| <input type="checkbox"/> I/We certify that the information given above is true and correct. I/We understand that if any fact has been suppressed or misrepresented, shall render this application invalid, and conversion null and void. | | | |
| Date: | | Signature of Lessee/Sub-Lessee/Allottee/Attorney | |
| Place: | | | |
| | | UPLOAD | |

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**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 <input type="checkbox"/> Firm <input type="checkbox"/> Company allottee <input type="checkbox"/> Lessee <input type="checkbox"/> Co-Lessee | | | |
| Name of <input type="checkbox"/> Mother or <input type="checkbox"/> Father or <input type="checkbox"/> Husband | | | |
| Details of Address | | | |
| House No./Street/Road | | State | <input type="text" value="--Select--"/> |
| City | <input type="text" value="--Select--"/> | District | <input type="text" value="--Select--"/> |
| Pin Code | | Mobile/ Phone | |
| Fax | | E-mail ID | |
| Name of the <input type="checkbox"/> Second <input type="checkbox"/> Joint Allottee <input type="checkbox"/> co-lessee <input type="checkbox"/> lessee (If Applicable) | | | |
| Name of <input type="checkbox"/> Mother or <input type="checkbox"/> Father or <input type="checkbox"/> Husband | | | |
| Details of Address | | | |
| House No./Street/Road | | State | <input type="text" value="--Select--"/> |
| City | <input type="text" value="--Select--"/> | District | <input type="text" value="--Select--"/> |
| Pin Code | | Mobile/ Phone | |
| Fax | | E-mail ID | |
| Name of the applicant (if attorney) | | | |
| Name of <input type="checkbox"/> Mother or <input type="checkbox"/> Father or <input type="checkbox"/> Husband | | | |
| Details of Address | | | |
| House No./Street/Road | | State | <input type="text" value="--Select--"/> |
| City | <input type="text" value="--Select--"/> | District | <input type="text" value="--Select--"/> |
| Pin Code | | Mobile/ Phone | |
| Fax | | E-mail ID | |
| If the applicant is attorney, detail of the person in whose favour the conversion is being sought | | | |
| Name of the first attorney | | | |
| Name of <input type="checkbox"/> Mother or <input type="checkbox"/> Father or <input type="checkbox"/> Husband | | | |
| Details of Address | | | |
| House No./Street/Road | | State | <input type="text" value="--Select--"/> |
| City | <input type="text" value="--Select--"/> | District | <input type="text" value="--Select--"/> |
| Pin Code | | Mobile/ Phone | |
| Fax | | E-mail ID | |
| Name of second attorney | | | |
| Name of <input type="checkbox"/> Mother or <input type="checkbox"/> Father or <input type="checkbox"/> Husband | | | |
| Details of Address | | | |
| House No./Street/Road | | State | <input type="text" value="--Select--"/> |
| City | <input type="text" value="--Select--"/> | District | <input type="text" value="--Select--"/> |
| Pin Code | | Mobile/ Phone | |
| Fax | | E-mail ID | |
| If the applicant is attorney | | | |
| Attested copy of power of attorney | | | UPLOAD |
| Document showing possession of the premises with the person in whose favour the conversion is being done | | | UPLOAD |
| Agreement to sell or any other document to support the transaction in whose favour the conversion is being done | | | UPLOAD |
| File No. (if known) | | | |
| Details of property | | | |

| | | | | | | |
|--|-----------|--|--------|--|--|--|
| Shop No. / Unit No. | | | | Name of Colony | | |
| Name of Locality | | | | | | |
| Area of shop (Sq. Metre) (As per allotment cum demand letter) | | | | | | |
| Sector | Block | | Pocket | | | |
| Date of Physical Possession (If available) | | | | DD/MM/YYYY | | |
| Whether the lease deed is executed and registered? | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Details of Registration of lease deed, if any in respect of plots | | | | | | |
| Registration No. | Book No. | | Date | | | |
| Vol. No. | Page From | | To | | | |
| Whether use of the property is as per lease deed/sub lease deed/allotment letter? | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If the area of the portion is not being used for the purpose other than the prescribed use (Sq. Metre) | | | | | | |
| Type of activities being carried out in portion referred at 11 (i) above | | | | | | |
| For the building constructed by the lessee/ allottee, copy of completion certificate/ form "D" | | | | UPLOAD | | |
| Whether property is Mortgaged? | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| No objection certificate from mortgagee(s) | | | | UPLOAD | | |
| Whether the lease/ sub-lessee/ allotment was cancelled/property re-entered | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If Yes, whether restored? | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Whether there is any dispute pending in a Court of Law regarding the title of the property? | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Whether any application for substitution/Mutation is pending? | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Whether there is any unauthorised construction in the premises? | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Amount of yearly Ground Rent of the shop as per allotment/demand letter | | | | | | |
| Whether upto date ground rent along with interest for belated payment, if any, has been paid? | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Self-Assessment of Conversion charge Payable | | | | | | |
| Applicant is requested to calculate conversion charges on self-assessment basis as per the Appendix before filling in the columns given below:- | | | | | | |
| Conversion charges (in Rs.) | | | ₹ | In words | | |
| Surcharges wherever prescribed if the applicant is attorney (in Rs.) | | | ₹ | In words | | |
| Sum total (in Rs.) | | | ₹ | In words | | |
| DECLARATION | | | | | | |
| <input type="checkbox"/> I/We certify that the information given above is true and correct. I/We understand that if any fact has been suppressed or misrepresented, shall render this application invalid, and conversion null and void. | | | | | | |
| Date: | | | | Signature of Lessee/Sub-Lessee/Allottee/Attorney | | |
| Place: | | | | UPLOAD | | |