

No. 3/5/2013/CDN-II  
Government of India  
Directorate of Estates

Nirman Bhawan, New Delhi,  
Dated the 8/8/13

To  
Dr. D.K. Sharma,  
Medical Superintendent,  
All India Institute of Medical Sciences,  
Ansari Nagar, New Delhi – 110 029.

Subject:- Issue of Medical/disability certificate for allotment of Govt. accommodation – inclusion of AIIMS regarding.

Sir,

I am directed to refer to your letter No. F.16/Treatment/2012-Estt.(H) dated 07.11.2012 on the subject cited above and to say that in view of practical difficulties are being faced by the AIIMS for issue of Medical/Disability certificate for allotment of Govt. accommodation and as requested by the AIIMS for deletion of its name from the proforma of medical/disability certificate, it has been decided to delete name of AIIMS from proforma of medical/disability certificate.

Yours faithfully,

(Sunita Dhawan)  
Assistant Director of Estates

✓ Copy to:- Director NIC with the request to upload enclosed checklist and proforma of medical certificate on the website of this Directorate.

Sunita Dhawan  
(Sunita Dhawan) 8/8/2013  
Assistant Director of Estates

f.n.a.  
Amisha  
08/08/2013

PSA(MS)

## Discretionary Allotment on Medical grounds

According to the guidelines vide O.M. No. 12035/2/97-Pol.II (Pt.II), dated 17.11.1997 and 08.07.2008 The allotment/change, on medical grounds including central area/ground floor shall be made in the case of the Govt. Servants and their spouses, dependent children and dependent parents, suffering from any of the following diseases on priority bases under 5% quota.

- (a) **Tuberculosis:** Pulmonary tuberculosis (serious cases only)
- (b) **Cancer Cases:** Malignant neoplasm.
- (c) **Heart ailments:** Of an exceptionally serious nature and in need of urgent treatment. (Class III or IV, angina or heart failure symptoms)
- (d) **Disabled persons:**
  - (i) **Blind-** Those who suffer from either of the following conditions:
    - (1) Total absence of sight:
    - (2) Visual Acuity not exceeding 6/90 or 20/200 (smelled) in the better eye with correcting lenses:
    - (3) Impression of the field of vision subtending an angle of 20 degrees or worse.
  - (ii) **Deaf:** Those having hearing loss of more than 90 decibels in the better ear (profound impairment) or total loss of hearing in both ears.
  - (iii) **Orthopaedically handicapped:** To the extent of 40% and above disability.
  - (iv) **Mentally handicapped/spastic dependents.**

### 2. For this purpose the applicant is required to submit the following documents through Proper Channel.

1. **Original Medical certificate (as per revised format)** in r/o the patient from a Medical Board consisting of at least three doctors (**signed by two specialists Doctors of the disease concerned headed by Senior Consultant**) duly countersigned by the Medical Superintendent from Safdarjang and Dr.R.M.LHospital for allotment from GPRA in Delhi. For allotment in places other than Delhi the Medical Certificate should be from the Medical Board of Government Hospital of that particular area.

Original Medical Certificate issued by the Medical Board should bear the signature of Medical Superintendent of the treating hospital vis-à-vis signature and photo of the patient. **Also one month's prescription slip issued by the treating Hospital at the town where the Govt. Servant is posted may be furnished along with the Medical Certificate. The Medical Certificate should also specifically indicate the nature and extent of disease and also the disability caused by it.**

Incase of physical disability/deformity, the government servant/dependent parents children are suffering, the certificate should be from a medical Board consisting of at least 3 doctors, including Ortho surgeon in r/o Orthopedic, the Specialist and head of Deptt and should be counter signed by the Medical Superintendent of the Hospital. Full Photograph showing the extent of disability/deformity duly attested by the doctor concerned may also be enclosed.

In case of mentally handicapped/spastic dependents, the certificate should clearly specify the degree of locomotor disability.

**The Medical certificate may clearly state the relationship between the applicant and the patient, and his/her photograph pasted on it duly attested by the authority issuing the Medical Certificate. The number of the CGHS card of the official who is applying for allotment on medical grounds should also be indicated.**

In case of T.B. and other related diseases. X-Ray taken not more than a month prior to the date of applications. The X-Ray should contain the name of the patient duly attested by the medical officer concerned with his rubber stamp.

- II. DE 2 form for the current allotment year duly filled in by the applicant, verified and endorsed by the competent authority.
- III. Full particulars of present accommodation and details of family members living with the applicant along with an attested copy of ration card and CGHS card.
- IV. A certificate that the applicant has not applied earlier for ad-hoc allotment on medical grounds. In case the applicant has applied earlier, he/she should give full details.
- V. The self-contained request of the applicant giving the reasons for seeking discretionary allotment.
- VI. A certificate showing the father/mother/Children are fully dependent on the applicant.
- VII. The request of the applicant should be specifically recommended by Joint Secretary if the applicant is working in the Ministry, otherwise, Head of the Department (with rubber stamp with name). In the ease of Deputy Secretaries and above, the request should be recommended by the Secretary, Ministry/Department ]concerned.

**RECOMMENDATION OF THE HEAD OF THE  
DEPARTMENT/JOINT SECRETARY (ADMN.)**

Shri \_\_\_\_\_

S/o, D/o \_\_\_\_\_ is working in

This Department/Ministry as \_\_\_\_\_ His/her request

for Allotment/Change of Government accommodation on Medical

Grounds is specifically recommended for consideration.

Head of the Department/Joint Secretary (Admn.)  
Seal with name

Government of India  
DR. RAM MANOHAR LOHIA HOSPITAL  
SAFDARJUNG HOSPITAL  
(Please Strike out whichever is not applicable)

No.

Date

1) General Observations:

This is to certify that Ms/Mrs/Mr \_\_\_\_\_ aged \_\_\_\_\_ years, Male/Female, son /daughter/wife/husband/father/mother/brother/sister/ mother or father-in-law of Ms/Mrs/Mr \_\_\_\_\_, is a diagnosed case of \_\_\_\_\_ and is undergoing treatment in the department of \_\_\_\_\_ of this Hospital since \_\_\_\_\_.

2) Specific recommendations:

- (i) Detailed description of illness/disability alongwith investigations, if any:
- (ii) Is the disability permanent or likely to improve with time.
- (iii) Class/stage of disease/percentage/grade of functional disability inspite of optimum treatment and intervention.
- (iv) Is the ailment/disability serious enough to be considered for allotment or change of Govt. Accommodtion at any / Ground Floor on overrrding priority:

Alongwith Attested Photograph}

Note:- Physical disability certificates issued by single doctor in pursuance of Guidelines No. S-13020/1/2010-MS/MH-II of Directorate General of Health Services (Medical Hospital Section-II), Nirman Bhawan, dated 18.6.2010 is also acceptable.

Signatures of Members of Board alongwith rubber-stamp/date:

(Member)  
(Seal with Name)

(Member)  
(Seal with Name)

(Member)  
(Seal with Name)

(Medical Superintendent)  
(Seal with Name)