APPLICATION FORM FOR MEERUT (Phase-I) HOUSING SCHEME

Regd. No.:_____

Affix
Photograph here

TO

The CEO, CGEWHO
Janpath Bhawan, 'A' Wing
6th Floor, Janpath
New Delhi - 110 001.

Personal Particulars

1. Name

2. Father/Husband's Name

3. Whether belongs to

SC ☐ ST ☐ OTHERS ☐

(Tick in the applicable box. Attach Attested photocopy of the caste certificates, if applicable.)

4. Whether belongs to priority

I ☐ II ☐ III ☐ IV ☐

5. Name of the Office & Address (Where working or from where retired)

City State
Pin Phone

6. Parent department, if on deputation _____

_____

7. Designation/Occupation _____
8. Group of Service (A/B/C/D) ____
9. Date of Birth _____
10. Date of Appointment In Central Govt. Service _____
11. Date of Retirement, if Retired _____
12. Pension Payment Order No._____ Date _____
(Applicable in case of retired personnel only)
13. Address For Correspondence

City State
Pin Mobile/Landline
Email

14. City of Scheme **Meerut (Phase-I)**
15. Type of Unit _____

- - - -

Payment Particulars:

16. Amount Sent _____
17. Draft No. _____
18. Date of Draft _____
19. Name of Bank _____

Particulars of the Nominee

(Please refer to para 33 of CGEWHO Rules)

19. Nominee's Full Name & Address

CITY															STATE													
PIN															PHONE													

Relationship:_____ _____

Nominee's Signature

20. **Certification** (Not required in case of retired applicants.)

To be Certified by the H.O.D./Head of Establishment in which the applicant is working. (Score out whichever is not applicable).

Certified that Shri/Ms_____ _____is a Central Government employee and is employed with _____ as _____ and has been appointed by or on behalf of the president of India and his salary is _____ debited to the Consolidated Funds of India. It is further certified that he/she is eligible and not eligible in terms of para 4 of the CGEWHO Rules.

_____

Signature

Name

Office Stamp (Seal)

21. **DECLARATION**

I hereby undertake to abide by all the rules and instructions issued by the Central Government Employees Welfare Housing Organisation.

22. Date of Application _____

23. Place :

_____

Signature of Applicant

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