



सत्यमेव जयते

GOVERNMENT OF INDIA  
OFFICE OF THE

**PRINCIPAL CHIEF COMMISSIONER OF INCOME-TAX, MUMBAI**

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**F.No. Pr. CCIT/Mum/Admn.II/QR-MA/2023-24**

**Dated : 29.02.2024**

**ORDER**

The following Committee is constituted to consider the applications for discretionary / out-of-turn allotment of Type I, II and III departmental quarters:

Sr No.	Name	Designation	Designation in Committee
1)	Shri K.K. Mishra	Pr. CIT	Chairman
2)	Shri Salil Mishra	CIT	Vice-Chairman
3)	Shri Ajay Singh (08107)	Addl.CIT	Member
4)	Ms. Manju Thakur	Addl.CIT	Member
5)	Shri Ravi Shankar	DCIT	Member
6)	Shri Santosh Nair	ITO	Member Secretary
7)	Ms. Sushma Sawant	O.S.	Member

2. Discretionary allotments of departmental quarters to serving government officials shall be permitted only on medical grounds as mentioned in Annexure A. Allotment on medical grounds shall be made through the Committee as per O.M. No. 12035/2/97-Pol.II (Pt.II) dated 17-11-1997 which will scrutinize all such applications received and submit the recommendations to Pr. CCIT (CCA), Mumbai, on their eligibility for allotment in departmental quarters.

3. This issues with the approval of the Pr. Chief Commissioner of Income-tax (CCA), Mumbai.

*sd/-*

**(DR. SAURABH DESPHANDE)**

Addl. Commissioner of Income-tax (HQ) Admn., Mumbai.

Copy to :

1. The Chief Commissioners of Income Tax 1-11, Mumbai.
2. The Chief Commissioners of Income Tax (TDS), Mumbai.
3. The DGIT (Inv.), CCsIT(C)-1 & 2, CCIT (IT & TP)(WZ), Mumbai.
4. All Pr. CsIT / Pr.DIT / CIT / Addl. DGIT posted in Mumbai region.
5. The IRS Association / ITGOA / ITEF, Mumbai.
6. The Officers concerned.

*Desph*

Addl. Commissioner of Income-tax (HQ) Admn., Mumbai.

## ANNEXURE A

1. The terms of the Committee is based on the guidelines prescribed by the Central Government GPRA Rules, 2017, which has laid down certain procedure/guidelines to be followed by such Committee which shall meet at least once in three months to consider all applications received through proper channel.

2. The allotment on medical grounds including ground floor/central area shall be made in the case of Government servants and their spouse, dependent children and dependent parents, suffering from any of the following diseases:

(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 :

1. Blind - Those who suffer from either of-

a) Total absence of sight.

b) Visual Acuity not exceeding 6/90 or 20/200 (snellen) in the better eye with correcting lenses.

c) Impression of the field of the vision subtending an angle of 20 degrees or worse.

2. Deaf, having hearing loss of more than 90 decibels in the better ear (profound impairment) or total loss of hearing in both ears.

3. Orthopedically handicapped to the extent of 40% and above disability.

4. Mentally handicapped/spastic dependents

3. Further, Rule 45 of the Central Government GPRA Rules, 2017, contains rules with regard to change of accommodation on medical grounds. The Rule states as under:

1) Change on medical grounds shall be given only if the allottee has already availed of one change in same type of accommodation.

2) If not availed of one change, the application shall be referred to the Committee constituted for such purpose.

3) Requests may be entertained only in such cases where the allottee or a member of his family or dependent-in-laws living with him, after the allotment of the accommodation in change has developed such diseases as specified by the Committee constituted for this purpose.

4) Medical certificate from Head of Department of the speciality of concerned disease of a Government Hospital is to be furnished vis-à-vis signature and photo of the patient. Also one month's prescription slips issued by the treating hospital at the town where the Government servant is posted should also be examined. The medical certificate should specifically indicate the nature and extent of disease and also the disability caused by it.

- 5) The ground floor accommodation will be allotted on the specific recommendation of the Committee. For this purpose, all floors in multi-storeyed building with lift facility will be considered at par with ground floor.
- 6) In case an applicant does not accept the allotment of a house made as per the recommendation of Committee, he/she will forego his claim and will not be considered for allotment of another house under this quota.
- 7) Dependency and relationship of the patient with the Government servant should be established through the CGHS Card/self-declaration. Further, 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.
- 8) In case of physical disability/deformity, the Government servant/dependent parents/children are suffering, the certificate should be from a Medical Board consisting of 3 doctors, including Orthopaedic surgeon in r/o. Orthopaedic, the Specialist and Head of Department and should be countersigned 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 the locomotor disability.
- 9) The list of diseases, on the basis of which discretionary is not an exhaustive one and the Committee may consider any other life threatening diseases or other serious disabilities causing permanent impairment, for this purpose.

#### 4. GENERAL RULES

The request application for allotment on medical grounds is required to be submitted through proper channel and should contain the following details :

- a) 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.
- b) 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.
- c) The self-contained request of the applicant giving the reasons for seeking discretionary allotment.
- d) The request of the applicant should be specifically recommended by the Head of the Department. Draft recommendation letter is enclosed herewith as Annexure B.
- e) The medical certificate should be submitted in the format enclosed herewith at Annexure C.



**ANNEXURE B**

**LETTER HEAD**

No.

Date :

To

The Commissioner of Income-tax (Admn. & TPS),  
3<sup>rd</sup> Floor, Aayakar Bhawan,  
Mumbai – 400 020.

**RECOMMENDATION OF THE HEAD OF DEPARTMENT**

Shri/Smt/Ms.

s.o/.

\_\_\_\_\_ d/o. \_\_\_\_\_ is working in the  
Income Tax Department as \_\_\_\_\_. His/her request  
for allotment/change of Government accommodation on medical grounds is  
specifically recommended for consideration.

Head of Department

## ANNEXURE-C

(FORMAT FOR CERTIFICATE FROM GOVERNMENT HOSPITAL)

Government of India

\_\_\_\_\_ Hospital

Date :

Certificate No :

(1) **General Observations :**

This is to certify that Ms/Mrs./Mr. \_\_\_\_\_ aged \_\_\_\_\_ years, son/daughter/wife/husband/father/mother/brother/sister/mother or father-in-law of Ms./Mrs./Mr. \_\_\_\_\_ (government servant) 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 along with 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 Government Accommodation at any/Ground floor on overriding priority.

Alongwith Attested Photograph

Signature of Members of Board along with rubber-stamp/date :

(Member)

(Seal with name)

(Member)

(Seal with name)

(Member)

(Seal with name)

(Medical Superintendent)

(Seal with name)