INDRAPRASTHA POWER GENERATION COMPANY LIMITED
&
PRAGATI POWER CORPORATION LTD
(An undertaking of Govt. of NCT of Delhi)
(Regd. Office: Himandri, Rajghat Power House Complex, New Delhi- 110002)
Website: www.ipgcl-ppcl.gov.in

No.DM(HR)H/18-19/16-3                                           Dated: 08.01.2019

CIRCULAR

Application(s) are invited on the prescribed format from the employees of IPGCL/PPCL who are in regular service, for preparing Priority Lists for allotment of Type-II, Type-III and Type-IV quarters in the Vidyut Vihar Colony, Sarai Kale Khan, New Delhi for the Year 2019. The fresh list shall remain in force till 31.12.2019 for allotment of residential quarters as above.

Entitlement for various types of accommodation will be determined as per the following Grade Pay drawn as on 01.01.2019:-

<table>
<thead>
<tr>
<th>Accommodation Type</th>
<th>Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type-I* / II</td>
<td>Grade Pay up to Rs.3500</td>
</tr>
<tr>
<td>Type-III</td>
<td>Grade Pay Rs.3600-Rs.5000</td>
</tr>
<tr>
<td>Type-IV</td>
<td>Grade Pay Rs.5400-Rs.7000</td>
</tr>
</tbody>
</table>

*Due to non-availability of Type-I Quarter in SKK Colony, the allotment will be made in Type-II Quarters, subject to availability.

Reservation of quarters for fresh allotment to the extent of 10% in Type I/II and 5% in Type III exists for Scheduled Caste and Scheduled Tribe employees of IPGCL/PPCL

It may be noted that the applicant(s) are required to submit only one application for allotment of same Type of quarter. However, if more than one application are submitted then all the applications will be rejected and the name of applicant shall not be included in the Priority list.

The prescribed application Form No. 1 may be used for fresh allotment and Form No. II for exchange /shifting of quarters in the same colony. The forms can be obtained by the individuals or by Heads of Departments / Sectional Heads from the Housing Cell, HR Deptt.
The application forms duly completed in all respect should reach the Housing Cell through proper channel within 15 days, from the date of issuance of this circular. The priority lists so prepared will remain valid up to 31st December, 2019.

If the applicant belongs to SC or ST category, he/she should enclosed attested copy of his/her caste certificate duly signed by him/her.

The applicant will also have to submit declaration / affidavit at the time of allotment that he or she or his or her family members do not own their house in Delhi / New Delhi or its adjoining area.

This issues with the approval of Competent Authority.

Copy to:

1. Sr. PS/ PS to M.D
2. Sr. PS/ PS to all Directors
3. Sr. PS/ PS/ Sr. PA to all ED/ GM/ AGM(HR)
4. All Sectional Heads / Heads of department: With the request to circulate this circular among the staff working under them.
5. All Notice Boards of IPGCL/ PPCL
6. Sr. Manager (IT): With the request for uploading at Company's website.
INDRAPRASTHA POWER GENERATION CO. Ltd.
(Regd. Office : "HIMADRI" Rajghat Power House Complex, New Delhi-110002)

Housing Cell, R.P.H.

Application for Exchange/shifting of Quarter in the same Colony or from one Colony to another or for higher type of accommodation as per entitlement.

1. Name (in block letters)

2. Father's Name

3. Present designation

4. Department/Section where posted with complete location and postal address

5. Date of birth

6. Date of superannuation

7. Employee No

8. Detail of the quarter presently in occupation:
   (a) Qrt. No. & Block
   (b) Type
   (c) Name of the Colony

9. Whether member of S/Caste/S/Tribe

10. Status of present post held:
   (i) Permanent
   (ii) Temporary
   (iii) Ad-hoc

11. Entitlements as on ..............
   (i) Basic pay
   (ii) N.P.A. if any
   (iii) Total

12. Date of appointment (in case of Mazdoor/ Khalasis etc. the date of his regular appointment.)

13. If entitled for type-V or VI accommodation, please indicate:
   (a) Date from which the minimum pay for entitlement is continuously drawn.
   (b) Are you desirous of next below type of accommodation?

14. Name of Colony (only one) where change of accommodation is desired.

15. Reason for exchange/shifting of accommodation

P.T.O.
16. Whether he/she owns residential house in the Union Territory of Delhi or adjoining municipalities?
   If so whether:
   (a) * (i) under own occupation .................................................................
       + (ii) Own/joint family holding ...........................................................
       * (iii) let out on rent ...........................................................................
   (b) If let out on rent, please indicate rent received per month.
       * Strike out which is not applicable.

DECLARATION

1. I declare that the information furnished above by me is true to my knowledge and belief and nothing has been concealed. I further declare that I shall abide by the rules and regulation of the IPGCL in this regard from time to time.

2. I also undertake:
   (i) that no portion of the residential accommodation which will be allotted to me on exchange of my quarter would be sub-let or used for any other purpose other than my residence.
   (ii) not to take any addition / alterations in the residential accommodation to be allotted to me in exchange of my present accommodation on my own and shall also take necessary care not to damage the building or fixtures / provided.
   (iii) to make good of damages / replace fixtures if found damaged or missing in the event of my vacating the quarter which will be allotted to me in exchange of my present accommodation. I here by agree for to making payment of such costs as may be incurred by the Department for the purpose.

Signature of the applicant .................................................................
Name of the applicant .................................................................
Date .................................................................................................

WARNING

It may be clearly understood that furnishing of false information will render the applicant liable for severe disciplinary action besides cancellation of allotment of quarter at any time, even after allotment.

Certificate to be given by the Sectional Head/Head of Department.

Certified that the applicant Shri / Smt. ................................................................. is working under me in ................................................. Section and the service particulars furnished by him in this application are correct to the best of my knowledge.

Signature...........................................................................................
Designation........................................................................................
Seal of Department.............................................................................

Certificate to be given by Asstt. Manager (HR) (Billing) Concerned

The service particulars furnished by the applicant are correct as per record.

i) Basic pay = .......................................................................................... Signature

ii) Date of apptt = .................................................................................... Seal.................................................................................................

Signature Debating Clerk AG-I / S.O. (B) Asstt Manager (HR) (Billing)
INDRAPRASTHA POWER GENERATION CO. Ltd.
(Regd. Office : “HIMADRI” Rajghat Power House Complex, New Delhi-110002)

HOUSING CELL, R.P.H.

APPLICATION FOR ALLOTMENT OF RESIDENTIAL ACCOMMODATION

1. Name (in block letters)

2. Father's Name

3. Date of Birth

4. Date of Superannuation

5. Employee No.

6. Present residential address

7. Date of appointment
   (In case of Mazdoors/Khallasis etc. the date of his regular appointment)

8. Whether members of S/Castes/S/Tribe

9. Present designation

10. Department/Section where posted with complete location and postal address

11. Status of present post held:
   (i) Permanent.
   (ii) Temporary.
   (iii) Ad-hoc.

12. Total emoluments as on ...............:
   (a) Basic Pay.
   (b) Special pay, if any.
   (c) D.A.

13. Name of Colony (only one) where accommodation is required

14. Whether he/she owns residential house in the Union Territory of Delhi or adjoining municipalities?
   (i) under own occupation.
   (ii) joint family holding/own.
   (iii) let out on rent, if so, the rent per month.
DECLARATION

1. I declare that the information furnished above by me is true to my knowledge and belief and nothing has been concealed. I further declare that I shall abide by the rules and regulations of L.P.G.C.I. in this regard from time to time.

2. I also undertake:

(i) that no portion of the residential accommodation allotted to me would be sublet or used for any purpose without permission, other than my residence.

(ii) not to make additions/alterations in the residential accommodation allotted to me on my own and shall also take necessary care not to damage the building or fixtures provided.

(iii) to make good all the damaged/replaced fixtures, if found damaged or missing in the event of my vacating the quarter on any future date, failing which, I hereby agree to make good the payment of such costs as may be incurred by the Department for the purpose.

Signature of the applicant ........................................

Name of the applicant ..........................................

Date ........................................................................

WARNING

It may be clearly understood that furnishing of false information will render himself/herself liable to serve disciplinary action besides cancellation of allotment of quarter, at any time even after allotment.

CERTIFICATE TO BE GIVEN BY THE SECTIONAL HEADS/HEADS OF THE DEPARTMENT

Certified that the applicant Shri/Smt. ............................................................... is working under me in .................................................. Section and the service particulars furnished by him/her in this application are correct to the best of my knowledge.

Signature

Designation

Seal of Deptt.

CERTIFICATE TO BE GIVEN BY ASSTT. MANAGER (HR) BILLING CONCERNED

The service particulars furnished by the applicant are correct as per record.

Signature .................................................................

Asstt. Manager (HR) Billing

SEAL