## GOVERNMENT OF N.C.T. OF DELHI DIRECTORATE OF AUDIT

(Administration Branch)

04<sup>th</sup> Level, 'C'-Wing,' Delhi Sachivalaya, New Delhi.

No. F. 9(6)/DOA/Estt./2016/ 44.9-4.3

Dated:

To

- Secretary, O/o the Hon'ble Deputy Chief Minister, 6<sup>th</sup> Floor, Delhi Sectt. New Delhi.
- 2. OSD to Hon'ble Minister (Tourism, Art & Culture etc. ), 8<sup>th</sup> Floor, Delhi Sectt. New Delhi.
- 3. OSD, O/o the Chief Secretary, 5th Floor, Delhi Sectt. New Delhi

3. PS to Pr, Secy. (Fiance), Finance Department.

- 4. The Dy. Secy. (Accounts / Budget / I to VI ), Finance Department, Delhi Sectt.
- 5. Dy. Secy. Services-IV Department, 7th Floor, Delhi Sectt. New Delhi

6. Dy. Secy. Dte. of Vigilance, 4<sup>th</sup> Floor, Delhi Sectt. New Delhi

- 7. Dy. Secy./ Branch-in-Charge, Delhi Minorities Commission, Room No.115, C-Block, Ist Floor, Vikas Bhawan, I. P. Estate, New Delhi.
- 8. Dy. Secy./Branch-in-Charge, Delhi Commission for Women, 'C' Block,2<sup>nd</sup> Floor, Vikas Bhawan, New Delhi.
- 9. Account Officer /Branch -in-charge, Dte. of Small Saving & Lotteries, 5<sup>th</sup> Floor, N-Block, Vikas Bhawan, I. P. Estate, New Delhi.
- 10. Sr. A. O./ A.O. Audit / ELFA, Dte. of Audit, Delhi Sectt. New Delhi.

11. PA to Controller of Accounts.

12 AAO (Andit) / Nochal officer (Website)

Sub :- Regarding submission of data of the DGEHS beneficiaries for preparation of Smart Card.

With reference to above cited subject, please find enclosed herewith copy of letter dated 14.12.2015 received in this office on 14.01.2016 vide which data of DGEHS beneficiaries of this department are required in prescribed format (attached) for preparation of Smart Card by Directorate General of Health Services, Govt. of NCT of Delhi.

You are requested to circulate the format amongst the employees who are DGEHS beneficiaries of this department (working on diverted capacity in your office) and submit the same to this office within a week positively so that desired information could be prepared and forwarded to said office in time.

Encl: - As above.

(H. R. NAUGAIN)
ACCOUNTS OFFICER (ADMN.)
TEL. NO. 23392281

## Data of the DGEHS beneficiaries for preparation of Smart Card

1.	Maine of the service	
1,	Name of the official	
	(in capital letters)	
2.	Date of Birth (DD/MM/YYYY)	
	The state (DD/MIM/ F F F)	
3.	Dopiemetica	
0.	Designation	
4.	Address	
5.	Father/Husband's Name	
	r adiemiuspand's Name	
C	BALL 11 A	
6.	Mobile No.	
7.	Email ID	
8.	Aadhaar No.	
	140.	
9.	DCEUC N	
٥.	DGEHS Number as issued by	
	DGHS	
10.	Date of Joining in Service	
	(DD/MM/YYYY)	
11.	Marital Status	
506555		
	(Married/Unmarried)	

## INFORMATION ABOUT FAMILY DEPENDENTS

S. No.	Name of Dependents	Date of Birth (DD/MM/YYYY)	Relation with Employee	Aadhaar No.					
					T				
2					+++			11	
3						-			
4		-			111				
5.						$\perp$			
6.							-	Ш	
7.									
8.									

## GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI DIRECTORATE GENERAL OF HEALTH SERVICES F-17, KARKARDOOMA DELHI-32 (DGEHS Cell)

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F. No. 25(III)/DGEHS/432/DHS	6/2014-15/138834-139	jool Date-14/12/2015
To, All HOD Govt. of NCT of Delhi.	- TH 2/1	TYPE ANOUAL
Sub: Submission of Data of the DGEHS beneficiaries.	DGEHS beneficiaries for prepa	1 > ;
Sir/Madam,		Mr Jules
With reference to above obeneficiaries of your Department data format (to be prepared in Annexure-II.	cited subject, it is to inform your is required for preparation of S Excel Sheet) is enclosed here	mart Card. The desired
	bmit the desired information (	
drive/CD/DVD within one mor	nth so that the preparation of	Smart Cards may be
accomplished in time. Also, plea	ase nominate a nodal person	who may monitor the
transfer of your department reco	ords of DGEHS to digital form	at. The nodal officer's
communication details may be int	imated to us.	Marine 12 Mari
		Yours sincerely,
	(Dr. De	evashish Bhatachryya)
		11 51 . 505-10 /

Copy for information to:

1. PS to Secretary (Health), GNCTD.

F. No. 25(III)/DGEHS/432/DHS/2014-15/133834 -/3900/

2. PS to DGHS

(Dr. Devashish Bhatachryya)

Add. Director-DGEHS