

Department of Social Welfare  
Govt. of NCT of Delhi  
GLNS Complex, Delhi Gate, New Delhi-02  
{ADMINISTRATION BRANCH}

No.DSW/Estt/2016/incumbency/ 34193-263

Dated:- 28 MAR 2017

**MEETING NOTICE**

All the Supdts/DDOs/HOOs, District Officers, Deputy Director, In charges, etc. of the Homes/Institutions/Branches/Units, etc of the Department of Social Welfare are requested to attend the meeting in the chamber of Spl. Director (SW) on 12/04/2017 at 03.00 P:M, to discuss the details of incumbency.

**AGENDA OF MEETING**

Furnishing details of incumbency of staff (Sanctioned, vacant, filled etc), in the prescribed format (enclosed herewith) along with the details of Ex-cadre Post and other post.

All concerned are therefore requested the attend meeting with duly filled prescribed format, without fail.

Encl: As above

Samp  
27/3/17  
DEPUTY DIRECTOR (ADMN-II)

Copy to:-

- ✓ 1. Sr. System Analyst with the request to upload the notice on the website of the Department.

Samp  
27/3/17  
DEPUTY DIRECTOR (ADMN-II)

Name of Unit/Districts/Homes/Schools etc. \_\_\_\_\_

Name of HOO (Contact No.) \_\_\_\_\_

| S. NO. | Post Sanction No. | Name of the post | No. of post |        |        | Details of the Staff                      |                                             |                                         |                            |                                          |                                         |                                                                       | Remarks |  |
|--------|-------------------|------------------|-------------|--------|--------|-------------------------------------------|---------------------------------------------|-----------------------------------------|----------------------------|------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------|---------|--|
|        |                   |                  | Sanctioned  | Filled | Vacant | Name of the employees (Physically Posted) | Place from where official is drawing salary | Name of employees (Drawing Salary only) | Place of physical postings | Engaged against Vacant post by M/s _____ | Status (Regular/contract/Guest Teacher) | Details of Other employees with name & post (Part Time/ Daily Wagers) |         |  |
|        |                   |                  |             |        |        |                                           |                                             |                                         |                            |                                          |                                         |                                                                       |         |  |
|        |                   |                  |             |        |        |                                           |                                             |                                         |                            |                                          |                                         |                                                                       |         |  |
|        |                   |                  |             |        |        |                                           |                                             |                                         |                            |                                          |                                         |                                                                       |         |  |
|        |                   |                  |             |        |        |                                           |                                             |                                         |                            |                                          |                                         |                                                                       |         |  |
|        |                   |                  |             |        |        |                                           |                                             |                                         |                            |                                          |                                         |                                                                       |         |  |
|        |                   |                  |             |        |        |                                           |                                             |                                         |                            |                                          |                                         |                                                                       |         |  |
|        |                   |                  |             |        |        |                                           |                                             |                                         |                            |                                          |                                         |                                                                       |         |  |
|        |                   |                  |             |        |        |                                           |                                             |                                         |                            |                                          |                                         |                                                                       |         |  |
|        |                   |                  |             |        |        |                                           |                                             |                                         |                            |                                          |                                         |                                                                       |         |  |
|        |                   |                  |             |        |        |                                           |                                             |                                         |                            |                                          |                                         |                                                                       |         |  |
|        |                   |                  |             |        |        |                                           |                                             |                                         |                            |                                          |                                         |                                                                       |         |  |
|        |                   |                  |             |        |        |                                           |                                             |                                         |                            |                                          |                                         |                                                                       |         |  |
|        |                   |                  |             |        |        |                                           |                                             |                                         |                            |                                          |                                         |                                                                       |         |  |
|        |                   |                  |             |        |        |                                           |                                             |                                         |                            |                                          |                                         |                                                                       |         |  |
|        |                   |                  |             |        |        |                                           |                                             |                                         |                            |                                          |                                         |                                                                       |         |  |
|        |                   |                  |             |        |        |                                           |                                             |                                         |                            |                                          |                                         |                                                                       |         |  |

Certified that the above details are correct to the best of my knowledge and based upon the correct documents. Certified that I am authorized to provide the details as given above.

Signature:-  
Name:-  
Designation:-  
Office:-  
Mobile:-  
E-Mail