

**DEPARTMENT OF SOCIAL WELFARE  
(CARE TAKING BRANCH)  
GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI  
GLNS COMPLEX, DELHI GATE  
NEW DELHI-110002**

F.73 (54)/92-93/DSW/CTB/Part File/ 2286-2356

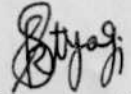
Dated

**02 MAY 2017**

**Sub: - Regarding issuance of Plastic (PVC) Identity Cards to all the regular employees of the Department of Social Welfare.**

All Dy. Directors/ District Social Welfare Officers/ DDOs/HOOs/Superintendents/Principals/Incharges of the Homes/Institutions are hereby informed that the Department of Social Welfare has decided to issue Plastic (PVC) identity cards to all the regular employees of the Department of Social Welfare.

In view of the above, all the aforesaid officers are requested to provide the information in **prescribed performa (copy enclosed)** of all the regular employees working in their offices/branches/homes/schools/institutions etc. positively by 10/05/2017.



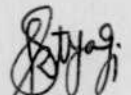
Dy. Director (CTB)

**Copy to:-**

All Dy. Directors / District Social Welfare Officers / DDOs / HoOs / Superintendents / Principals / Incharges of the Homes / Institutions of Department of Social Welfare.

**Copy for information to:-**

1. PA to Director, Department of Social Welfare, GLNS Complex, Delhi Gate, New Delhi-11002.
2. PA to Special Director, Department of Social Welfare GLNS Complex, Delhi Gate, New Delhi-11002.
3. Dy. Controller of Accounts, Department of Social Welfare, GLNS Complex, Delhi Gate, New Delhi-11002.



Dy. Director (CTB)

**DEPARTMENT OF SOCIAL WELFARE  
(CARETAKING BRANCH)  
GLNS COMPLEX, DELHI GATE, NEW DELHI-110002.**

<b>FORMAT FOR IDENTITY CARD APPLICATION (For Regular Staff only)</b>		(Paste recent passport size photograph of the applicant)
<b>1.</b>	<b>Name of the Officer/Official: (in CAPITAL Letters)</b>	
<b>2.</b>	<b>Designation:</b>	
<b>3.</b>	<b>Present place of Posting:</b>	
<b>4.</b>	<b>Date of Birth: (DD/MM/YYYY)</b>	
<b>5.</b>	<b>Residential Address:</b>	
<b>6.</b>	<b>Blood Group:</b>	
<b>7.</b>	<b>Phone No:</b>	

(Note: - Please attach one recent passport size photograph, copy of the appointment/transfer order and copy of residential proof with this application format. The photograph must be same as the one pasted above and must not be staple, rather attached with clip).

(Signature of the Officer/Official)

Countersigned with seal/stamp by:-  
(DSWO/DDO/HoO/DD/Superintendent /Incharge of the concerned Office /Branch/  
Home/Institution/School etc.)

<b>(FOR THE USE OF CARETAKING BRANCH ONLY)</b>	
Date of receipt of Application:	
Date of issuance of I.D. Card:	
I.D. Card Number:	

Supdt.(CTB)

Dy. Director(CTB)