

GOVT. OF NCT OF DELHI
DEPARTMENT OF SOCIAL WELFARE
GLNS COMPLEX, DELHI GATE
NEW DELHI-110002
[ADMINISTRATION BRANCH]

F.No.2(90)/Admn-II/DSW/Estt./Incumbency/3980-4050

Dated:

Circular

08 JUL 2021

SUB:-Incumbency of The Department of Social Welfare, GNCT of Delhi.

The Administration Branch has initiated efforts to prepare Incumbency of the Department of Social Welfare, GNCT of Delhi, New Delhi-110002, Hence All DDs / DSWOS/DDO/HOO/Supdt./In-charge of Homes/ Institutions/Schools to provide the requisite information strictly in prescribed format (**Annexure-A**) enclosed herewith with-in 7 days of the issue of this Circular via e-mail at **ddadmn2@gmail.com** and also submit **hard copy** in Admn.II Branch..

Please see the all requisite columns are properly filled in prescribed format only, as enclosed with this Circular.

This may be given on TOP PRIORITY

Nhalay
06-07-21

Dy. Director (Admn-II)

F.No.2(90)/Admn-II/DSW/Estt./Incumbency/3986-4050

Dated:

Encl: As above.

08 JUL 2021

✓ Sr. System Analyst, DSW for uploading the circular on the Departmental website.

Copy for information to:

- PS to Secretary (SW), GLNS Complex, Delhi Gate, Delhi.
- PA to Director (SW), GLNS Complex, Delhi Gate, Delhi.
- PA to Spl. Director (SW), GLNS Complex, Delhi Gate, Delhi.
- JD(SW), GLNS Complex, Delhi Gate, Delhi.
- All DDs/DSWOS/DDO/HOO/Supdt./In-charge of Homes/ Institutions/Schools.
- Guard File.

Nhalay
06-07-21

Dy. Director (Admn-II)

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9/7/21

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DEPARTMENT OF SOCIAL WELFARE
GLNS COMPLEX, DELHI GATE, NEW DELHI-110002
(ADMINISTRATION BRANCH)

ANEXURE 'A'

**Incumbency Statement Containing Names and brief Particulars of the Officers/Officials of
DEPARTMENT OF SOCIAL WELFARE**

Post creation order & date	Name of the Post	No. of sanctioned Post	Working Strength	Name of the Incumbent(s) (Shri/Smt.) as per pay bill register	Date of Birth	Father's Name	Category (SC/ST/OBC/UR)	Person with Disability (YES/NO) if yes type of Disability (OH/VH/HH)	Level pay	Basic Pay in pay level	Mode of appointment Govt Service	Date of appointment to the present post	Likely date of relinquishing office	Name /No. of Post filled by salary purpose	Name of Post Physically filled	Action for filling the vacancy	Remarks

Please mention the following information as well:-

1. Name of the Home/Institution/Office
2. Mail ID.
3. Phone Number.