

**DEPARTMENT OF SOCIAL WELFARE  
GOVT. OF NCT OF DELHI  
GLNS COMPLEX, DELHI GATE, DELHI - 110002  
(ADMINISTRATION BRANCH-II)**

F.No. 44 (17)/2018/DSW/Estt./Outsource staff/16657-16716 Dated:

14 DEC 2021

**CIRCULAR**

**Sub:** Attendance Certificate format in r/o all the Outsourced staff hired through M/s ICSIL and NIELIT in Department of Social Welfare, GNCT of Delhi.

All DDs/ DSWOs/ DDOs/ HOO/ Supdt./ In-charge of Homes/ Institutions/ Schools are directed to provide Attendance Certificate of all the Outsourced staff hired through M/s ICSIL and NIELIT by 1<sup>st</sup> of every Month in the prescribed format (**Annexure-A**).

*Nihal*  
*13-12-21*  
Dy. Director (Admn.-II)

Encl: As above.

1. All DDs/ DSWOs/ DDOs/ HOO/ Supdt./ In-charge of Homes/ Institutions/ Schools.
2. ~~Sr. System Analyst, DSW for uploading the circular on the Department Website.~~
3. Guard file.

*651/CC*  
*15/12/21*

DEPARTMENT OF SOCIAL WELFARE GOVT. OF N.C.T OF DELHI

No. F.No

To,

The Managing Director (ICSIL),  
Administrative Building,  
Above Post Office,  
Okhla Industrial Estate,  
Phase-III, New Delhi-110020

dated:

Madam / Sir,

Kindly find enclosed herewith Monthly / Attendance Report Month of as per following Employee:-

NAME OF EMPLOYEE	Name of Father/Husband	POST	MONTH & YEAR	DEPTT.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Note :- Please mark the boxes above as per the codex below

X - PRESENT A- ABSENT L- LEAVE H- HOLIDAY S- SUNDAY SS- SECOND SATURDAY PL- PRIVILEGE LEAVE

S.N	CONTENTS
1.	TOTAL WORK DAYS FROM
2.	TOTAL HOLIDAYS WITH SUNDAY & SECOND SATURDAY FROM
3.	TOTAL ATTENDANCE FROM
4.	TOTAL LEAVE/PRIVILEGE LEAVE
5.	TOTAL ABSENT FROM

Thanking You  
/ /  
Yours Faithfully

Checked from Attendance Register  
CERTIFICATE BY AUTHORIZED OFFICER

Signature of Employee

I here by certify that the monthly attendance report has been checked by me & all the information given in this report is correct to the best of my knowledge. I also hereby undertake that I am the authorized reporting Officer (i.e. DDO/HOO/DSW/DD etc.) for the employee for whom this attendance certificate is being issued

Signature of the Authorized Officer (With Seal)

Dated :-
Full Name
Designation
Mobile. No.