

**DEPARTMENT OF SOCIAL WELFARE
GOVT. OF NCT OF DELHI
• GLNS COMPLEX, DELHI GATE, NEW DELHI
(ADMINISTRATION BRANCH)**

F.41(89)/DSW/FAS/RCTBDS ACT/2016/Part-VI/27771-841 Dated: 18 JAN 2017

To

The All DDOs/HOOs/DDs/DSWOs/Supdts./Branch Incharges
Department of Social Welfare,
Govt. Of NCT of Delhi.


Sub: **Attendance Certificate Format.**

Sir/Madam,

I am directed to enclose herewith the common standard formats, as approved by the Director (SW), for issuing attendance certificate to all the employees on outsource/contract basis through M/s NIELIT and M/s ICSIL.

I am also directed to convey the directions of the Competent Authority that attendance certificate, in any other format other than the one prescribed as detailed above will not be entertained from January, 2017 onwards.

This is for strict compliance.


18/01/17
Supdt. (Admn.-II)

Encls: As above.

F.41(89)/DSW/FAS/RCTBDS ACT/2016/Part-VI/27771-841 Dated: 18 JAN 2017
Copy for information to:-

1. The Managing Director (ICSIL), Administrative Building, above post office, Okhla Industrial Estate, Phase-III, New Delhi-20.
2. The Managing Director/Manager (NIELIT), 2nd Floor, Parsvnath Metro Mall, Near Inderlok Metro Station, Inderlok, Delhi-52.
3. Sr. System Analyst, DSW with the request to upload on website of the Department.
4. P.A. to Dir(SW)
5. P.A. to Spl. Dir(SW)


18/01/17
Supdt. (Admn.-II)

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

No : F.No. _____

Dated : ____ / ____ /17

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

Subject :- Submission of Monthly Attendance Report from _____ to _____

Madam / Sir,
Kindly find enclosed herewith Monthly Attendance Report from _____ to _____ as per following Employee :-

NAME OF EMPLOYEE																												POST	MONTH & YEAR	DEPTT.			
																														DSW			
NAME OF EMPLOYEE																																	
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 S.S - SECOND SATURDAY PL-PRIVILEGE LEAVE

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

Thanking You
____ / ____ /2017

Your Faithfully

Checked from Attendance Register

Signature of Employee

CERTIFICATE BY AUTHORIZED OFFICER

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/DSWO/DD etc.). for the employee for whom this attendance certificate is being issued.

Signature of the Authorized Officer (With Seal)

Dated:

Full Name

Designation

Mob. No:

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

No : F No _____

Dated ____/____/17

TO,
THE MANAGER,
 National Institute of Electronic & Information Technology.
 Formerly DOEACC Society.
 2nd Floor, Parsavnath Metro Mall,
 Inderlok Metro Station, Inderlok Delhi-35

Subject :- Submission of Monthly Attendance Report from _____ to _____

Madam / Sir,

Kindly find enclosed herewith Monthly Attendance Report from _____ to _____ as per following Employee :-

NAME OF EMPLOYEE																										POST	MONTH & YEAR	DEPTT.					
NAME OF EMPLOYEE																												DSW					
26	27	28	29	30	31	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			

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

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Thanking You
 ____/____/2017

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Checked from Attendance Register

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Dated:

Full Name

Designation

Mob. No: