

**DEPARTMENT OF SOCIAL WELFARE  
GOVT. OF NATIONAL CAPITAL TERRITORY  
G.L.N.S. COMPLEX, DELHI GATE, NEW DELHI-110 002  
[ADMINISTRATION BRANCH-II]**

No.F.10(189)/DSW/Admn-II/Misc-WO/2016/

Dated:

**ORDER**

Transfer/posting in respect of following outsourced Welfare Officers is hereby ordered as under, with immediate effect:

S.No.	Name of the Official	Present place of posting	New place of posting
1	Ms.Poonam, WO(ICSIL)	Under Posting	ISPMR(A&C),Female Wing,Asha Kiran Home
2	Ms.Savita, WO(ICSIL)	Under Posting	Halfway Home/Longstay Home,Sector-3,Rohini
3	Ms.Indu, WO(ICSIL)	Under Posting	North-West District.-I
4	Ms.Babita, WO(ICSIL)	Under Posting	Asha Deep Home, Narela
5	Ms.Amita Beniwal, WO(ICSIL)	Under Posting	HMRP(A&C), Asha Kiran Home
6	Ms.Priyanka, WO(ICSIL)	Under Posting	Disability Branch, DSW(HQ)
7	Ms.Ritu, WO(ICSIL)	DSWO(NW-I)	Halfway Home/Longstay Home (Female),Sector-3.Rohini
8	Sh.Chandan Gupta, WO(ICSIL)	HMRP(A&C),Avantika Rohini	DSWO(East)

The officials at Sr.No.7&8 above are hereby ordered **stand relieved** with effect from 04.08.2017 from his/her present place of posting with the direction to join new assignment **forthwith** without waiting for any formal relieving from his/her present place of posting.

Non-compliance of the order will be viewed seriously.

This issues with the prior approval of the Competent Authority.

(SEEMA BAWA)

**DEPUTY DIRECTOR (Admn-II)**

No. F. 10(189)/DSW/Admn-II/Misc-WO/2016/ 12503-520

Dated:

Copy forwarded for information and necessary action :

- 1.PA to Director(SW), GLNS Complex,Delhi Gate, Delhi.
- 2.PA to Special Director (SW), GLNS Complex,Delhi Gate, Delhi.
- 3.Supt. HMRP(A&C)/ SHMR (Female Wing)/Halfway-Longstay Home, Avantika, Rohini.
- 4.DSWO(NW-I)/East./North-West/DD(Disability Branch).
- 5.Supt.,Asha Deep Home, Narela.
- 6.Sr. System Analyst, DSW(HQ) to upload on the website of this Department.
- 7.Official concerned through HoO.
- 8.Guard file.

03 AUG 2017

*Seema*  
3/8/17

(SEEMA BAWA)

**DEPUTY DIRECTOR (Admn-II)**

DEPARTMENT OF SOCIAL WELFARE  
BUREAU OF NATIONAL CHARITABLE SERVICES  
4125 CENTRE DRIVE, NEW DEHLI 110002  
REGISTRATION NUMBER

FORM

1. Name of the organization: ...  
2. Address: ...  
3. Telephone: ...  
4. Date of registration: ...  
5. Name of the person in charge: ...  
6. Signature: ...  
7. Stamp: ...

8. Remarks: ...  
9. Date: ...  
10. Signature: ...  
11. Stamp: ...