

**GOVT OF NCT OF DELHI
DEPARTMENT OF SOCIAL WELFARE
ADMINISTRATION BRANCH-II**

7th Floor, MSO Building, I.P. Estate, New Delhi – 110002

F. No. 10(405)/2018/Admin-I/DSW/Estt./Part-II/ 1043-1109

Dated: 27-10-2026

CIRCULAR

Sub: Submission of verified employee service and posting details for comprehensive cadre restructuring.

In order to map the exact deployment pattern and functional utilization of manpower across all branches, homes, and institutions of the Department of Social Welfare, the Cadre Reviewing and Restructuring Committee has directed the collection of standardized baseline data from every individual employee.

All Heads of Offices (HOOs), DSWOs, and Branch Incharges are hereby directed to distribute the attached Individual Employee Proforma to all personnel currently working under their physical jurisdiction (Regular, Contractual, and Outsourced).

Each employee must fill out their individual proforma strictly in CAPITAL LETTERS. The HOO where the employee is physically posted shall verify the particulars, append their signature along with the official seal/stamp, and forward the compiled individual proformas to Administration Branch-II within three (03) working days from the issuance of this circular.

Treat this as TOP PRIORITY.

This issues with the prior approval of the Competent Authority.

Encl: Individual Employee Proforma (Annexure-A)


27-10-26
Deputy Director (Admin-II)

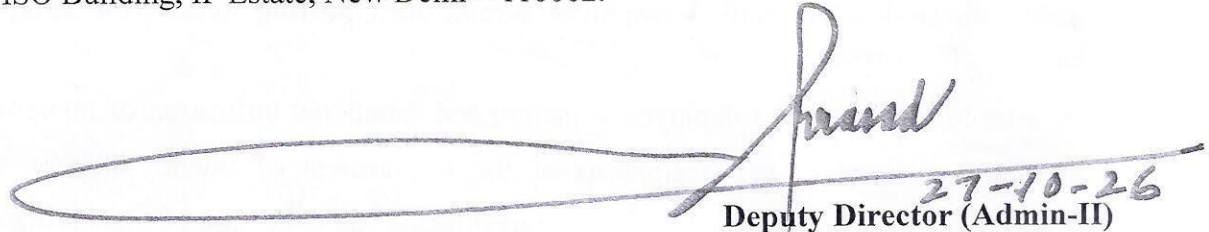
Copy to:-

1. All Branch In-charges/DSWOs/Supdt.(Homes/Institutions) of Department of Social Welfare
2. Assistant Director(IT), Department of Social Welfare with request to upload this order on the website of the Department.
3. Guard file.

341/CC
28/10/26

Copy for information to:

1. PPS to Additional Chief Secretary, Department of Social Welfare, Govt of NCT of Delhi, 7th Floor, MSO Building, IP Estate, New Delhi – 110002.
2. PA to Director, Department of Social Welfare, Govt of NCT of Delhi, 7th Floor, MSO Building, IP Estate, New Delhi – 110002.



Handwritten signature
27-10-26
Deputy Director (Admin-II)

ANNEXURE – A

DEPARTMENT OF SOCIAL WELFARE, GOVT OF NCT OF DELHI

INDIVIDUAL EMPLOYEE PROFORMA

(To be filled individually by each employee in CAPITAL LETTERS and submitted on a single page)

1. Full Name of the Employee: _____
2. Date of Birth: _____ Gender: _____ Date of Appointment: _____
3. Designation / Post Held: _____
4. Nature of Appointment: ☐ Regular ☐ Contractual ☐ Outsourced ☐ Daily Wager
(Tick appropriate box)
5. Present Physical Posting: _____
(Name of Office / Home / Institution)
6. Posting for Salary Purpose: _____
(Branch / DDO where salary is drawn)
7. Last Three Postings & Duration Details:

S. No.	Office/Institution/Branch	From (DD/MM/YYYY)	To (DD/MM/YYYY)
1.			
2.			
3.			

8. Current Address: _____
9. Email Id: _____ Aadhaar No: _____
10. Contact No: _____ Alternative No: _____

DECLARATION BY EMPLOYEE

I hereby declare that all the information furnished above is true, complete, and correct to the best of my knowledge and official records.

Date: _____

Place: _____

Signature of the Employee

VERIFICATION BY HEAD OF OFFICE (HOO)

(Where the employee is currently PHYSICALLY POSTED)

It is certified that the particulars furnished above by Sh./Smt./Ms. _____ have been verified from the physical deployment records and found correct.

Signature of Head of Office (HOO)

Name: _____

Designation: _____

Date: _____

Place: _____

Official Stamp / Seal: