



**Central Water Commission
CWES Officers' (Gr. A) Welfare Committee**

2nd Floor (South), Sewa Bhawan,
R.K. Puram, New Delhi-110066
E-mail: cwfcgroup@gmail.com

Letter No: CWES-WC/2021/11-12

Dated : 13.09.2021

**Sub: Financial Statement of CWES Officers' (Gr. A) Welfare Committee as on
09.08.2021- Reg**

Please find enclosed the Financial Statement of CWES Officers' (Gr. A) Welfare Committee as on 09.08.2021 at Annexure-I. This is for information of all members.

Further, the Officers who are yet to become the members of CWES Group 'A' Welfare Committee are requested to fill up and submit their Membership/Deduction Authorization Form (Annexure-II) to the email cwfcgroup@gmail.com.

Encl: As above.


(Anant Kumar Gupta)
**Director, CWC
& Convener**

CWES Officers' (Gr. A) Welfare Committee

Copy to:

All CWES Gr. A Officers through CWC website

Copy for necessary action to:

Director, SMD, CWC, Sewa Bhawan with a request to get this uploaded in CWC Website.



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Annexure - I

Financial Statement of CWES Officers' (Gr. A) Welfare Committee as on 09.08.2021

Sl. No.	Date		Receipts (Rs.)	Payments (Rs.)	Balance (Rs.)	Remarks
	From	To				
1	17-12-2021	17-12-2021			300201.80	Opening Balance
2	18-12-2021	09-08-2021	37443	53180	284464.80	

Membership/ Deduction Authorization Form
for ‘CWES Officers Welfare Committee’

Membership Number :

Date of incorporation :

Member Information:

Name :

Employee Code :

Designation :

Address :

Date of Birth :

Date of Joining in Service :

Date of superannuation from Service :

Contact Details

- Contact No. :
- Email id :

Amount for Annual Contribution:

- Equivalent to Director and above level Officers : Rs. 2000/-
- Equivalent to Dy. Director and below level Officers : Rs. 1200/-

Authorization:

I D/o or S/o do hereby authorize DDO-I, CWC/Concerned DDO to make deduction for the amount listed above on yearly basis from my April month Salary and the same is to be credited in the Account of **“CWES Officers Welfare Committee (at present Farewell Committee A/C No. : 3083000100171235, IFSC : PUNB0308300)”**. The deductions will be taken through the current calendar year, or until I no longer wish to participate or until termination of my employment. I also give my consent for annual contribution amount to be enhanced according to my Designation.

(By signing this form, I attest that I have read and understand the above authorization and will not claim for the refund of contributed amount in any circumstances).

Date :

Employee Signature :

Place :

Name :