File No.A-19012/51/2023-ESTT-V

Ministry of Jal Shakti
Department of Water Resources
Central Water Commission
Establishment V Section

4th Floor(S) Sewa Bhawan, R. K. Puram, New Delhi-66.

Dated 06.10.2023

Sub.: Information regarding polling staff for the Lok Sabha Election, 2024 – regarding.

Reference to US, E-IV Section, OM No. M-75075/229/2023-ESTT-IV dated 04.10.2023 the complete details of officers/officials working in concerned Directorates/Sections upto the level of Rs. 8,700/- Grade Pay (posted in CWC(HQ)) to be proviced in the enclosed proforma latest by 06.10.2023 without fail.

Therefore all the Assistant Director Gr.-II who posted in HRM Wing, CWC are requested to provide their details in the enclosed proforma by 4pm today without fail.

Encls.: As above. Signed by Seema Juneja

Date: 06-10-2023 14:57:11

Reason: Approved

(Seema Juneja)

UNDER SECRETARY

Ph.No. 29583327

All the Assistant Director-II posted in HRM Wing, CWC

Details	Employee 1	Employee 2
EPIC No./Voter Id Card No.		
Title of Official/Officer		
(Sh. / Ms.)		
First Name of Official/Officer		
(Only Alphabets)		
Middle Name of Official/Officer		
(Only Alphabets)		
Surname of Official/Officer	V.	
(Only Alphabets)		
Gender		
(Male / Female / Third Gender)	Y	
Marital Status		
(Unmarried/Married/Single/Widow/Widower)		
Father Name		
(Only Alphabets)		
Date of Birth		
(DD/MM/YYYY)		
Employee Category		
(A/B Gazetted/B Non-Gazetted/C/MTS)		
Whether Presently Residing in		
(Delhi / Outside Delhi)		
Present Residential Address		
(Allowed: 0-9A-Z ,()/)		
Pin Code		
Mobile No		
Alternate Contact No.		
email ID		
email iD		
Whether Appointed as Booth Level Officer/BLO Supervisor		
(Yes/No)		
Whether belongs to any cadre		
DANICS/IAS/IES/IFS/IPS/IRS/ISS		
Whether employee on Long Leave		
(CCL/EL/Maternity Leave/Out of India/Medical leave)		
Leave duration		
Assembly Constituency of Present Residential Address		
Specify the Home Town of Employee		
(Delhi / Outside Delhi)		
Assembly Constituency of HomeTown		
Whether Registered Voter in Delhi		
(Yes / No)		
Whether Person with Disability		1 1 1 1 1 1 1 1 1 1
(Yes/No)		
Percentage of Disabilities		
Remarks		