



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

2<sup>nd</sup> Floor (South), Sewa Bhawan,  
R.K. Puram, New Delhi-110066  
E-mail: [cwfcgroup@gmail.com](mailto:cwfcgroup@gmail.com)

**Letter No: CWES-WC/2021/04-07**

**Dated : 26.07.2021**

Dear All,

Shri Vishnu Sharma, Deputy Director, Central Water Commission is superannuating on 31<sup>st</sup> July, 2021. As a mark of our respect towards the officer, a function to bid farewell is being organized :-

**Venue** : Training Hall, 5<sup>th</sup> Floor (South), Sewa Bhawan, RK Puram  
Sector-I, New Delhi

**Date & Time** : 30<sup>th</sup> July, 2021, 4.00 PM onwards.

The function will be held keeping in view COVID-19 norms for social distancing. Refreshments will be arranged at the venue.

All CWES Officers are cordially invited to grace the occasion by sparing precious time from their busy schedule.

With warm regards,  
Yours Sincerely,

  
(Anant Kumar Gupta)

**Director, CWC  
& Convener**

**CWES Officers' (Gr. A) Welfare Committee**

**To (through CWC Website) :**

**All CWES Officers & Staff**

**Copy to:**

1. Director, Training Dte., CWC
2. Director, PCP Dte., CWC
3. Deputy Director, SM Dte., CWC for uploading in CWC Website (smdte@nic.in)



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*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**) to*

Sh K. Vysakh,  
DD, HCD (E&NE) Dte.,  
8th Floor (N),  
Sewa Bhawan, CWC  
[Mob: 9968166118]

## **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 :