

- TIME BOUND

DEPARTMENT OF SOCIAL WELFARE
GOVT. OF NCT OF DELHI
GLNS COMPLEX, DELHI GATE, NEW DELHI-110002
(COMPUTERISATION CELL)

F.NO.56 (320)/DSW/CC/PIS/WCD/64/2008-09/ 21202-237 Dated: 20 JAN 2011

Circular

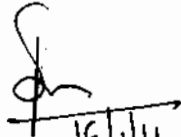
To
Sr. Supdt.(Admn.)/DDO (HQ.), All DDO/HOOs, (Homes/Institutions)
Department of Social Welfare
(As per the list enclosed)

Subject: Regarding development of Personnel Information System (PIS)

Please find enclosed herewith the copy of the letter received from IT Deptt. for the implementation of Personnel Information System (PIS) in the Department Of Social Welfare.

2. You are requested to forward the filled in formats in respect of all employees under your payroll application after duly verifying from their respective Service Books.
3. This is a time bound task. Hence the required information may be sent to Programmer, Computer Cell, DSW (HQ.) Delhi Gate, on or before 30th January 2011 on priority basis.
4. This circular along with prescribed formats can also be accessed from website of the department (<http://socialwelfare.delhigovt.nic.in>) under the link Circulars>>department related.

This is issued with the prior approval of the Director (Social welfare).


(V.S. Rawat)

Addl. Director (Admn.)

Copy for information to:-

1. PA to secretary (SW), GLNS Complex, Delhi Gate
2. PA to Director (SW), GLNS Complex, Delhi Gate
3. PA to Addl. Director(SW), GLNS Complex, Delhi Gate
4. Guard file.

o/c

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TIME BOUND

**Government of NCT of Delhi
DEPARTMENT OF INFORMATION TECHNOLOGY
9th Level, E-Wing, Delhi Secretariat, New Delhi.**

No. :- F10(168)/2010/IT/PIS/P-II/10574/10646 Dated :- 21/12/10

Sub: Implementation of Personnel Information System in Delhi Government for all Delhi Government employees.

Department of Information Technology, GNCTD is in process of updating and verifying the records of all Delhi Government's employees through Personnel Information System (PIS).

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31/11

2. Departments / Organization are requested to collect, consolidate and send the details of all employees working in respective Department / Organization in the format enclosed **duly verified from the Service Book within one month**, for the proper implementation of Personnel Information System being developed. It is informed that PIS project is to be **implemented in a time bound manner** as per the directions of Chief Secretary, Govt. of NCT of Delhi.
3. The information may be sent by 31st January, 2011 to Sh. Sandeep Ahlawat, System Analyst, who has been appointed as Nodal Officer for the project.

6172
09/11/10

D.N. (Sudh)
S.N. (W.O.S)

(Handwritten signature)

(Handwritten signature)
(SRAVAN BAGARIA)
Jt. Secretary (IT)

(Handwritten signature)
(Handwritten signature)

Encl : As above

No. :

Dated :

Copy forwarded for information and necessary action to :-

1. The Divisional Commissioner, O/o Secretary Revenue, Govt. of NCT of Delhi, 5 Sham Nath Marg, New Delhi.
2. The Development Commissioner, Development Department, Govt. of NCT of Delhi, 5/9 Under Hill Road, Delhi.

DATABASE FOR PERSONNEL INFORMATION SYSTEM

1. NAME OF THE EMPLOYEE: _____
2. DESIGNATION: _____
3. PRESENT DEPARTMENT: _____
4. SEX: _____
5. FATHER'S/HUSBAND'S NAME: _____
6. DATE OF BIRTH: _____
7. CATEGORY: _____
8. ADDRESS FOR CORESPONDANCE: _____

9. TELEPHONE/MOBILE NO.: _____
10. PERMANENT ADDRESS: _____

11. DATE OF JOINING IN STATISTICAL CADRE: _____
12. NAME OF THE POST: _____
13. DATE OF REGULAR APPOINTMENT IN THE GRADE: _____
14. DETAILS OF QUALIFICATION: _____

15. GPF NO.: _____

18. DETAILS OF PROMOTION /ACP/MACP (filled as per service book record)

Date of 1 st Promotion with Post, Scale & Revised Scale	Date of 2 nd Promotion with Post, Scale & Revised Scale	Date of 3 rd Promotion with Post, Scale & Revised Scale	Date of 1 st ACP due and given with Scale & Revised Scale	Date of 2 nd ACP due and given with Scale & Revised Scale	Date of 1 st MACP due and given with Scale & Revised Scale	Date of 2 nd MACP due and given with Scale & Revised Scale	Date of 3 rd MACP due and given with Scale & Revised Scale

19. DETAILS OF TRAINING:

Name of the Course	Name of the Organization	From Date	To Date	India /Abroad	Venue

Name of the Employer: _____

Signature: _____

Designation: _____

Seal: _____