

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
DEPARTMENT OF WOMEN AND CHILD DEVELOPMENT
Administration Branch, 2nd Floor, Maharana Pratap ISBT Building,
Kashmere Gate, New Delhi - 110006

REMINDER - II

F.No. 16(38)/WCD/Admn./Misc. Matter/2021/PF-I/2448-51 Dated: 27 MAY 2026

Subject: Registration of all officials on iGOT Karmayogi Portal — submission of status data — reg.

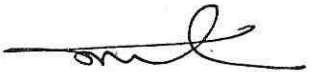
Attention is invited to this Department's repeated communications on the above subject, latest being the Order dated 07.01.2026, directing all Branch Heads/Deputy Directors and District Officers to ensure 100% registration of officials under their jurisdiction on the iGOT Karmayogi Portal.

It is observed that compliance/status data has still not been received from several branches and offices.

All Branch Heads and Offices of DWCD are, therefore, once again directed to:

- (i) Fill the prescribed Performa (enclosed) indicating the registration status of each regular employee under their jurisdiction.
- (ii) Send the completed Performa **immediately** by e-mail to:
Superintendent (Admn.), DWCD — supdtadmnwcd@gmail.com
- (ii) District Officers are specifically directed to **compile the data of all offices/institutions/projects under their district jurisdiction (including their own office)**, and submit a single consolidated report to Headquarters. Data of individual offices shall **not** be sent separately.

The above exercise must be completed and data submitted to Headquarters positively by **2:00 PM today** for the perusal of higher authority, DWCD.


Deputy Director (Admn.)

Department of Women & Child Development
GNCT of Delhi

To,

1. All Branch Heads (WEC, CPDU & SA&P),
2. All District Officers,
3. All In-charges — CWCs, JJBs, Homes, Institutions, ICDS Projects,
- ✓ 4. Deputy Director, IT Branch (uploading the website of DWCD)
5. Guard File

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
DEPARTMENT OF WOMEN AND CHILD DEVELOPMENT
STATUS REPORT - REGISTRATION ON iGOT KARMAYOGI PORTAL

Branch/Office Name: _____

Name of Reporting Officer: _____ **Designation:** _____

Sr. No.	Name of Employee (Regular only)	Designation	Branch / Institution / Project Name	Registered on iGOT Karmayogi? (Yes / No)	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Note: Please use additional sheets if the number of employees exceeds the rows above.

Summary:

Total Employees under Jurisdiction: _____ **Total Registered:** _____ **Total Not Registered:** _____

Certified that the information furnished above is correct to the best of my knowledge.

Signature of Reporting Officer: _____

Office Seal: _____

Date: _____