

**GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
DEPARTMENT OF WOMEN AND CHILD DEVELOPMENT
1st Floor, MAHARANA PRATAP ISBT BUILDING, KASHMERE GATE,
DELHI-110006 (Administration Branch)**

F.No.17(38)/Admn/Wcd/24/ 7620-24

Dated :-

08 AUG 2024

CIRCULAR

Chief Electoral office delhi has desired the manpower data (In respect of Regular government employees, Cadre/Ex-cadre) for the upcoming **Delhi** Assembly Election 2025 in the online module of "Polling Party Personnel Information System" URL - <https://ceo.delhi.gov.in>.

For furnishing the said information an officer concerned HOO/DDO is required to be designated as "Office Level Users" for that branch at Head Quarter Level /District Offices/home/Institutions/JJBs /Offices of WCD.

All "office level users" shall have to fill (new)/update (existing) information in PPPIS module, in respect of regular government employees, Cadre/ex-cadre physically posted in their office (as per Annexure 'A'). Office level user id and password can be obtained from Admin branch, DWCD along with short training by the dealing assistant for the above purpose.

Each government employee (Group - A,B,C,D) has to fill form for entering details of Polling Personnel in the PPPIS module mandatorily.

Further, All Deputy Directors/Branch In Charges, DWCD HQ, All District Officers/Supdt./CDPOs of concerned offices District Offices/Homes /Institutions/JJBs must send details of their office (as per Annexure 'B') for updating office/user information at HQ level.

The said information must be completed by 12.08.2024 and a duly signed completion certificate is be submitted in Hq, DWCD for onward submission to Chief Electoral Office.

This issue with the prior approval of competent authority.

To,

1. All Deputy Directors/Branch In Charges, DWCD HQ.
2. All District Officers /Supdt./CDPOs of concerned offices District Offices/Homes/Institutions/JJBs.



Joint Director (Admn.)

P.T.O.

F.No.17(38)/Admn/Wcd/24/ 7620-24

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Copy for information to:

1. OSD to the Director, WCD.
2. SO to the Additional Director, WCD.
- ✓ 3. Deputy Director, IT Cell with the directions to upload the circular on the website of the Department.
4. Guard file.

[Signature]

Joint Director (Admn.)

Annexure 'A'

Form For Entering Details of Polling Personnel

Note: All * mark entries are must to provide.

Entry of employee is to be done by the office in which the employee is physically working.

EPIC No./Voter Id Card No. :- _____

Personal Information

Title of Official/Officer *:-Sh./Ms.

First Name of Official/Officer* :- _____

Middle Name of Official/Officer*:- _____

Surname of Official/Officer*:- _____

Gender* :- Male Female Third Gender

Whether Pregnant (if Female):- Yes NO

Marital Status*:- Unmarried MarriedSingle Widow Widower

Father Name*:-_____

Spouse Name: - _____

Date of Birth (DD/MM/YYYY)* :- _____

Employee Category*:- _____

Designation*:- _____

Pay Commission*:- 6th, & 7th or Other

Pay Level or Grade Pay*:- _____

Department in which physically working *:- _____

Office Details in which physically working*:-_____

Whether Presently Residing in Delhi*	Delhi	Outside Delhi
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Present Residential Address * :- _____

1. The first step in the process of identifying a problem is to recognize that a problem exists. This involves gathering information about the situation and identifying the specific issue that needs to be addressed.

Pin Code*:- _____

MobileNo.:

Alternate Contact :- _____

E-Mail ID :- _____

Whether Appointed as BLO/BLO Supervisor* :-YES NO

If BLO, Assembly Constituency where posted as BLO _____

If BLO, AC Part No*:- _____

Whether belongs to any cadre :-

Whether employee on Long Leave, i.e. CCL/Medical Leave/EL. etc. :-

Leave Duration: - _____

Assembly Constituency

AC of Present Residential Address: - _____

AC in which working Presently: - _____

Specify the Home Town of Employee* :-Delhi OutsideDelhi

AC of HomeTown (if Delhi):- _____

Whether Register Voter in Delhi* :- YESNO

Other Information

Whether Person with Disability* :- YESNO

Type ofDisabilities:-

Percentage of Disability:- _____

Remarks:- _____

Form For Adding/Updating New Office With in the Women and Child Development WCD Department GNCTD

- 1.) Name of the Office (A-Z 0-9 Allowed)*
- 2.) Office Address (A-Z 0-9 ,.-/() Characters Allowed) *
- 3.) Locality in Which Office is Situated *
- 4.) Name & Designation of Office Incharge/HOO (A-Z Allowed) *
- 5.) Mobile No. of Office Incharge/HOO (0-9 Allowed) *
- 6.) Office Contact No (0-9 Allowed) *
- 7.) Office Email Id (A-Z 0-9 ,.-/() Characters Allowed) *