

MOST IMMEDIATE
ELECTION MATTER

No.31/08/2017-Estt.XI/1276
Government of India
Central Water Commission

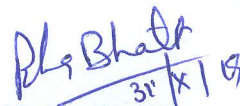
4th Floor(S), Sewa Bhawan,
R.K.Puram, New Delhi-110066
Dt - 31.10.2019.

Sub :- Uploading of manpower on Web based Module "Polling Party Personnel information Systems" for ensuing General Elections to the Delhi Legislative Assembly 2020-reg.

Please find enclosed herewith a form for entering details of Polling personnel regarding the above cited subject.

2. In this regard, all officers/officials having Grade pay not more than Rs.8700/- of CWC and who are dealt in this Establishment, are hereby requested to fill the form and submit to Establishment XI Section **latest by 01.11.2019 before 01:30 afternoon without fail.**

Encl: As above


(Asha Bhatt)
Section Officer
Tel.011-29583328

To

All the Officers of CWC (through CWC Website)

Form For Entering Details of Polling Personnel

Note: All * mark entries are must to provide.

Personal Information

Name of Official/Officer * :- _____

Gender * :- Male Female Others

Marital Status * :- Married Unmarried Single

Father Name * :- _____

Spouse Name :- _____

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

Employee Category * :- _____

Designation * :- _____

Department * :- _____

Office Details (Name and Address of Office)* :- _____

Pay Commission * :- 6th 7th Other

PayLevel/ Grade pay * :- _____

Whether Presently Residing in Delhi * :- YES NO

Present Residential Address * :- _____

Mobile No. * :- _____

Alternate Contact No. :- _____

E-Mail ID :- _____

Whether Appointed as BLO/BLO Supervisor * :- YES 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 Address :- _____

AC in which working Presently :- _____

Specify the Home Town of Employee * :- Delhi Outside Delhi

AC of Home Town :- _____

Whether Register Voter * :- YES NO

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

Other Information

Whether Person with Disability * :- YES NO

Type of Disabilities :- _____

Percentage of Disabilities :- _____

Remarks :- _____