

**URGENT**

**GOVERNMENT OF N.C.T. OF DELHI**  
**DIRECTORATE OF AUDIT**  
(Administration Branch)

04<sup>th</sup> Level, 'C'-Wing  
Delhi Sachivalaya,  
New Delhi.

No. F. 9(6)/DOA/Estt./2016/ 772-783

Dated: 27.01.2016

To

1. Secretary, O/o the Hon'ble Deputy Chief Minister, 6<sup>th</sup> Floor, Delhi Sectt. New Delhi.
2. OSD to Hon'ble Minister (Tourism, Art & Culture etc. ), 8<sup>th</sup> Floor, Delhi Sectt. New Delhi.
3. OSD, O/o the Chief Secretary, 5<sup>th</sup> Floor, Delhi Sectt. New Delhi
3. PS to Pr, Secy. (Fiance), Finance Department.
4. The Dy. Secy. (Accounts / Budget / I to VI ), Finance Department, Delhi Sectt.
5. Dy. Secy. Services-IV Department, 7<sup>th</sup> Floor, Delhi Sectt. New Delhi
6. Dy. Secy. Dte. of Vigilance, 4<sup>th</sup> Floor, Delhi Sectt. New Delhi
7. Dy. Secy./ Branch-in-Charge, Delhi Minorities Commission, Room No.115, C-Block, 1st Floor, Vikas Bhawan, I. P. Estate, New Delhi.
8. Dy. Secy./Branch-in-Charge, Delhi Commission for Women, 'C' Block, 2<sup>nd</sup> Floor, Vikas Bhawan, New Delhi.
9. Account Officer /Branch -in-charge, Dte. of Small Saving & Lotteries, 5<sup>th</sup> Floor, N-Block, Vikas Bhawan, I. P. Estate, New Delhi.
10. Sr. A. O./ A.O. Audit / ELFA, Dte. of Audit, Delhi Sectt. New Delhi.
11. PA to Controller of Accounts.
12. *AAO (Audit) /Nodal officer (website)*

**Sub :- Regarding submission of data of the DGEHS beneficiaries for preparation of Smart Card.**

With reference to above cited subject, please find enclosed herewith copy of letter dated 14.12.2015 received in this office on 14.01.2016 vide which data of DGEHS beneficiaries of this department are required in prescribed format (attached) for preparation of Smart Card by Directorate General of Health Services, Govt. of NCT of Delhi.

You are requested to circulate the format amongst the employees who are DGEHS beneficiaries of this department (working on diverted capacity in your office) and submit the same to this office within a week positively so that desired information could be prepared and forwarded to said office in time.

**Encl :- As above.**

*H. R. Naugain*  
**(H. R. NAUGAIN)**  
**ACCOUNTS OFFICER (ADMN.)**  
**TEL. NO. 23392281**

Data of the DGEHS beneficiaries for preparation of Smart Card

1.	Name of the official (in capital letters)	
2.	Date of Birth (DD/MM/YYYY)	
3.	Designation	
4.	Address	
5.	Father/Husband's Name	
6.	Mobile No.	
7.	Email ID	
8.	Aadhaar No.	
9.	DGEHS Number as issued by DGHS	
10.	Date of Joining in Service (DD/MM/YYYY)	
11.	Marital Status (Married/Unmarried)	

INFORMATION ABOUT FAMILY DEPENDENTS

S. No.	Name of Dependents	Date of Birth (DD/MM/YYYY)	Relation with Employee	Aadhaar No.																
1																				
2																				
3																				
4																				
5.																				
6.																				
7.																				
8.																				

Date \_\_\_\_\_

(Signature)

URGENT/SPEED POST

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI  
DIRECTORATE GENERAL OF HEALTH SERVICES  
F-17, KARKARDOOMA DELHI-32  
(DGEHS Cell)

F. No. 25(III)/DGEHS/432/DHS/2014-15/138834-139001

Date- 14/12/2015

To,

All HOD  
Govt. of NCT of Delhi.

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\_\_\_\_\_  
\_\_\_\_\_

*Handwritten notes and signatures:*  
A  
14/1  
DGA  
A  
14/1  
H  
14/12/15  
ANGLA  
15/1/16  
M. K. K.

Sub: Submission of Data of the DGEHS beneficiaries for preparation of Smart Card for DGEHS beneficiaries.

Sir/Madam,

With reference to above cited subject, it is to inform you that data of DGEHS beneficiaries of your Department is required for preparation of Smart Card. The desired data format (to be prepared in Excel Sheet) is enclosed herewith as Annexure-I & Annexure-II.

You are requested to submit the desired information to this office in a pen drive/CD/DVD within one month so that the preparation of Smart Cards may be accomplished in time. Also, please nominate a nodal person who may monitor the transfer of your department records of DGEHS to digital format. The nodal officer's communication details may be intimated to us.

Yours sincerely,

*(Signature)*  
(Dr. Devashish Bhattachryya)  
Add. Director-DGEHS

F. No. 25(III)/DGEHS/432/DHS/2014-15/138834-139001

Date- 14/12/2015

Copy for information to:

1. PS to Secretary (Health), GNCTD.
2. PS to DGHS

*(Signature)*  
(Dr. Devashish Bhattachryya)  
Add. Director-DGEHS