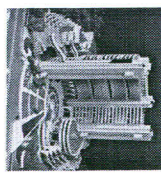




दिल्ली नगर निगम / MUNICIPAL CORPORATION OF DELHI  
अस्पताल प्रशासन विभाग / Hospital Administration Department  
(सुबालय, 18वीं मंजिल, डॉ. श्यामा प्रसाद मुखर्जी चिकित्सा केंद्र)  
(HQ, 18th Floor, Dr. Shyama Prasad Mukherjee Civic Centre )  
नई दिल्ली-110002 / New Delhi-110002



No.:AO(HA)/MCD/HQ/2023/ 1313

DATED: 8/5/23

## CIRCULAR

**Subject:- Preparation of Seniority list of unified to the post of Dresser on regular basis in Municipal Corporation of Delhi with effect from 22.05.2022 and onwards-Reg.**

1. It has come to the notice of Competent Authority, MCD that proper record is not available for the post of Dresser in Hospital Admn.-HQ to finalize the seniority list of **Dresser** (regular basis) unified of Municipal Corporation of Delhi.
2. As Dresser are presently working under Ayush Department in Municipal Corporation of Delhi and their record has also not been available in Hospital Admn.-HQ. 02 posts of Dresser are sanctioned in Ayush Department, MCD as per Establishment Schedule of 2022-23 of unified MCD.
3. Hence, all concerned Dressers presently working in Municipal Corporation of Delhi are directed to fill up the prescribed proforma in format (attached) duly verified & signed by concerned DDO and attach their copy of promotion office order for the post of Dresser & send the same to AO(HA)-HQ Office at 18<sup>th</sup> Floor, Dr. SPM Civic Centre, ND-02.
4. Thereafter, Hospital Admn.-HQ will prepare provisional seniority list for the post of **Dresser (regular basis)** as and when documents are received in this office.
5. Concerned DDOs are requested to ensure wide publicity of this among all Dressers (regular basis) working under their control. Concerned DDOs are also directed to check and verify the particulars of **Dresser** working under them & send discrepancies if any to the notice of undersigned.
6. This issues with the approval of the Competent Authority, Municipal Corporation of Delhi (MCD).

**Admn. Officer (HA)-HQ**  
Hosp. Admn. Deptt./MCD

### Copy to:-

1. Concerned Officials, Thr.: Concerned DDOs / HODs / CAMOs of Zone / MS(s) of Major Hospitals.
2. MHO-HQ/MCD.
3. Director (Ayush)-HQ/MCD.
4. Addl.DHAs(Primary Health / Hospital / Project).
5. Concerned MS(s) of Major Hospitals.
6. Concerned CAMOs of Zone.
7. Concerned Incharge of Health Units, Thr.: Concerned DDOs / HODs.
8. AO O/o (Hospitals / CAMOs), Thr.: Concerned DDOs / HODs.
9. AO(Public Health)-HQ/MCD.
10. AO(Ayush)-HQ/MCD.
11. AO(IT) with the request to upload the same on MCD website for wide publicity in this matter.
12. EC/BC(HQ), MCD.
13. Guard File / Office Copy.

**ALL DETAILS SHOULD BE FILLED BY DRESSER (SELF)**  
 Only hard copy will be accepted & valid received through  
 Dak Section in Hospital Admn.-HQ (18<sup>th</sup> Floor, Dr. SPM Civic Centre, ND-02)  
 \* please don't e-mail proforma after filled up \*

<b>Name of Post</b>	<b>DRESSER</b>
<b>Name of the Employee</b>	
<b>Gender (Male / Female)</b>	
<b>Father's Name</b>	
<b>Husband's Name</b>	
<b>Bio Matic ID No.</b>	
<b>Date of Birth</b>	
<b>Date of Appointment in MCD as <b>WARD BOY /WARD AYA (MUST) ON REGULAR BASIS</b></b>	<b>D.O.A=</b>
<b>Date of Joining as <b>Dresser (MUST)</b></b>	<b>D.O.J=</b>
<b>Appointment in which Category in MCD.</b> (UR / OBC / SC / ST / PH/ EWS)	
<b>Regular Basis / Adhoc.</b>	
<b>Name of Present place of posting</b> (Hospital/Colony Hospital / Polyclinic / M&CW Centre / Maternity Home / SHS / Chest Clinic / MD / MU / Sub Centre / Dispensary / Name Family Planning Unit – Centre / HQ / etc. Name of Office)	<b>Name of Post Drawing Salary against at present =</b>
<b>Name of the *POST* to draw Salary from</b> (Hospital/Colony Hospital / Polyclinic / M&CW Centre / Maternity Home / SHS / Chest Clinic / MD / MU / Sub Centre / Dispensary / Name Family Planning Unit – Centre / HQ / etc. Name of Office)	<b>Name of place from Salary at present =</b>
<b>Working on Diverted Capacity (Yes / No)</b>	
<b>Educational Qualification</b>	
<b>Technical Qualification (in any)</b>	
<b>Mobile Number (Employee- *MUST)</b>	
<b>Present Residence Address (Home)</b> <b>* MUST BE FILLED UP</b>	
<b>Employee Personal (E-mail ID)</b>	
<b>Name of Incharge of Health Unit / Institutions</b>	
<b>Incharge Mobile No. (MUST)</b>	
<b>Email ID of Health Unit / Institutions</b>	

\*Verified & Signed from SB & PF of employee  
 Through Concerned EC / BC with date (MUST)

Signature of the Employee  
 Dated:

\*Verified from DDO/HOD/Incharge  
 of Health Unit / Institution with date & Sealed Stamp (MUST)

**\* NOTE: - Must Be Attached The Copy Of Attested Appointment and Promotion Office Orders of Incumbent.**