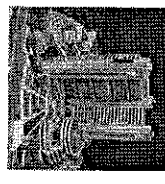




दिल्ली नगर निगम / MUNICIPAL CORPORATION OF DELHI  
अस्पताल प्रशासन विभाग / Hospital Administration Department  
(मुख्यालय, 18वीं मंजिल, डॉ. श्यामा प्रसाद मुखर्जी सिविक सेंटर)  
(HQ, 18th Floor, Dr. Shyama Prasad Mukherjee Civic Centre)  
नई दिल्ली-110002 / New Delhi-110002



No.:AO(HA)/MCD/HQ/2023/ 2130

DATED: 12/01/24

### CIRCULAR

**Subject:-** Preparation of Seniority list of Plaster Assistant on regular basis in Hospital Administration Department, 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 **Plaster Assistant** (on regular basis) working in Hospital Admn.-HQ to finalize the seniority list of **Plaster Assistant** (on regular basis) in Hospital Administration Department of Municipal Corporation of Delhi.

2. Hence, all concerned **Plaster Assistant** (on regular basis) who are 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 also attach their copy of appointment office order for the post of **Plaster Assistant** (on regular basis) and send the hard copy to the office of AC(HA)/AO(HA)-HQ Office at 18th Floor, Dr. SPM Civic Centre, New Delhi-02, only hard copy will be accepted in this matter. Thereafter, Hospital Admn.-HQ will prepare provisional seniority list for the post of all **Plaster Assistant** (on regular basis) as and when documents are received in this office.

3. Concerned DDOs are also requested to ensure wide publicity of this among all **Plaster Assistant** (on regular basis) working under their control / jurisdiction and be confirmed that no incumbent for the post of **Plaster Assistant** (on regular basis) will left in this matter. Concerned DDOs are also requested to check and verify the particulars of **Plaster Assistant** (on regular basis) working under their control / jurisdiction & send discrepancies, if any to the notice of undersigned.

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

<b>Name of Post</b>	<b>PLASTER ASSISTANT</b>	
<b>Name of the Employee / Official</b>		
<b>Gender (Male / Female)</b>		
<b>Father's Name</b>		
<b>Husband's Name</b>		
<b>Bio-Matric ID No.</b>		
<b>Date of Birth (D.O.B)</b>		
<b>Initial Date of Appointment in MCD As ON REGULAR BASIS (MUST)</b>	<b>Name of Post =</b>	
	<b>Date of Appointment =</b>	
<b>Date of Appointment as Plaster Assistant</b>		
<b>Appointment in which Category in MCD. (UR / OBC / SC / ST / PH/ EWS)</b>		
<b>Name of Present place of posting</b> <small>(Hospital/Colony Hospital / Polyclinic / M&amp;CW Centre / Maternity Home / SHS / Chest Clinic / MD / MU / Sub Centre / Dispensary / Name Family Planning Unit - Centre / HQ / etc. Name of Office)</small>		
<b>Name of the *POST* to draw Salary from</b> <small>(Hospital/Colony Hospital / Polyclinic / M&amp;CW Centre / Maternity Home / SHS / Chest Clinic / MD / MU / Sub Centre / Dispensary / Name Family Planning Unit - Centre / HQ / etc. Name of Office)</small>	i. <b>Name of Post Drawing Salary against at present =</b>	
	ii. <b>Name of place from Salary at present =</b>	
<b>Working on Diverted Capacity (Yes / No)</b>		
<b>Educational Qualification duly verified from Service Book and Personnel file of Incumbent (MUST).</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>		

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

Signature of the Employee  
 Dated:

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

\*NOTE - Must Be Attached The Office Order Copy Of Attested Appointment & Promotion on regular basis of Incumbent Plaster Assistant.