

*By Web Circulation*  
**ELECTION MATTER**  
**MOST URGENT**

**Delhi State Industrial & Infrastructure Development Corp. Limited**  
N-36, Bombay Life Building, Connaught Circus, New Delhi-110001  
(Personnel Division)

No. DSIIDC/Nodal Officer/Election/2023/ 144.

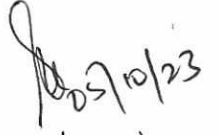
Dated : 05.10.2023

**Sub : Information related to manpower data for uploading on web based Module "Polling Party Personnel Information System" for upcoming Lok Sabha Election 2024**

Reference to the above, as per directions of the **Chief Electoral Officer, Delhi**, it is mandatory to upload the details of all the regular/deputationist employees of Delhi State Industrial & Infrastructure Development Corpn Ltd., upto the Grade pay of Rs.8700/- in 6<sup>th</sup> Pay Commission and Pay Level 13 as per 7<sup>th</sup> Pay Commission (without MACP/NFSG) on Polling Party Personnel Information System (PPPIS) Portal. All Divisional Heads are therefore requested to obtain the information in respect of all the regular/deputationist staff working under their jurisdiction in the enclosed proforma for onward submission to personnel division by **6<sup>th</sup> October 2023, 5:00 pm** positively.

**This may be treated as MOST URGENT.**

Encl : As above

  
(Sunita Madhusudanan)  
Senior Manager (P) &  
Nodal Officer (Manpower)

Copy to :

1. All Divisional Heads
2. PS To MD
3. PS to ED
4. DM (IT) – for uploading on the website.



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

Outside Delhi

AC of Home Town:- \_\_\_\_\_

Whether Register Voter in Delhi\* :- YES/NO

**Other Information**

Whether Person with Disability\* :- YES/NO

Type of Disabilities:-

Percentage of Disabilities: -

Remarks:- \_\_\_\_\_

Signature of the Govt Official -----

Name and Designation-----

File No.-----