DELHI DEVELOPMENT AUTHORITY WELFARE SECTION

App Sem	lication form for Woman empowe inar camps training gender sensi	rment activities including tization camps etc.
1.	Name of the DDA employee	
2.	Father's/Husband Name of DDA employee	
3.	Date of birth	
4.	Date of Apptt. sin DDA	
5.	Designation	
6.	UID NO.	
7.	Pay Band/Grade Pay (attached latest Pay Slip)	
8.	Department/Division	
9.	Contract No./Mobile No.	
10.	Address	
11.	Specify the option out of the activities woman empowerment activities circulated by Welfare Department.	
Th	e employee photo is to be attested b	by the concern in-charge.
pr	ereby declared that all the facts as at attended any camp in the past. T	RATION stated above by me are true that I have hat I will follow all rules/regulations as & any violation/defiance would resul- ideration by the administration.
Sig	n/Stamps of In-Charge	Signature of the Employee
		Certificate
	It is certified that Smt.	
	D/o	W/o
	possesses good health for travel.	_ Designation

Sign/Stamps of Medical Officer