

Delhi Urban Shelter Improvement Board
Govt. of N.C.T of Delhi
(Administration Branch)
F-04, VIKAS KUTEER, ITO, DELHI-110002

No. GA/1190/01/DD(Admn.)/MACP/25-26/E-330052 Date:- 06/03/26

CIRCULAR

All Heads of Branches under whose control the Personal Files and Service Books of officials of the Delhi Urban Shelter Improvement Board are maintained are requested to take necessary action to identify regular officials (**excluding regular work-charged staff**) who have completed 10/20/30 years of regular service for the purpose of grant of benefits under the **Modified Assured Career Progression (MACP) Scheme** in accordance with **O.M. No. 35034/3/2008-Estt.(D) dated 19.05.2009** and **O.M. No. 35034/3/2015-Estt.(D) dated 22.10.2019** issued by the Government of India, Ministry of Personnel, Public Grievances and Pensions (Department of Personnel & Training), along with further clarifications issued from time to time.

The names of such officials should be submitted **only in the prescribed format (annexed)** after thoroughly verifying the service particulars from the Personal File and Service Book of the concerned officials. In cases where the service particulars are lengthy, a separate sheet should be attached instead of overwriting. If any official has already been granted ACP/MACP benefits beyond the 12/24 or 10/20 patterns, the reasons for the same must invariably be mentioned, as this has a direct bearing on further financial up-gradation.

Further, it is emphasized that submission of **illegible, incomplete, or incorrect information will not be entertained** and will be viewed seriously. Such cases shall be reported to the higher authorities for initiating appropriate disciplinary action.

The **complete report in the prescribed format** must be submitted within 14 days of the issuance of this Circular. No request for grant of ACP/MACP shall be entertained after the expiry of the stipulated date. This matter may be treated as **Most Urgent**.

Digitally signed by
 Gurpreet Singh
 Date: 05-03-2026
 16:52:43
 Dy. Director (Admin.)

COPY TO:

1. P.S to CEO, DUSIB for kind information of the latter.
2. P.A to Member (Admn./Engg./Finance/) for kind information of the latter.
3. Chief Engineer (DUSIB)
4. All Directors/~~Director (Fin.)~~
5. All S.Es/E.Es/Deputy Directors.
6. D.D (I.T) with the request for uploading on DUSIB website.
7. A.D (Estt.)
8. Office Copy/ Guard file.

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FORMA FOR GRANT OF ACP / MODIFIED (MACP) AFTER COMPLETION OF 12 & 24 / 10, 20, & 30 YEARS OF SERVICE

2/c 7/c

1. Name of Official Along with parentage : _____
S/D/W/o _____

2. Date of Birth _____

3. Place of posting _____

4. Date of Initial Appointment with post and pay scale : Post _____
Date of Apptt : _____
Pay scale _____

5. Mode of recruitment (SSC/Compassionate/Redeployed/ Absorption) : Mode of Rectt : _____
Promotion and date of Entry in service in erst-while Slum & JR Deptt. : Date of entry in service: _____

** (INVARIABLY MENTION WHETHER PROMOTION OR ACP/MACP)

6. Details of grant of ACP/MACP/PROMOTION

	ACP/MACP		Promotion (Regular/Ad-hoc/CDC be mentioned strictly)	Remarks
	Date-			
First	Date-			
	Post-			
	Pay scale-			
Second	Date-			
	Post-			
	Pay scale-			
Third	Date-			
	Post-			
	Pay scale-			

7. Date of grant of NFSG.....Pay Scale.....Post.....

8. Date on which the Official is completing 10/20/30 years of Regular service with Their pay scale and Subsequent pay band Under MACP-2008. : Completion of 10 years: _____
Pay scale: _____
Completion of 20 years: _____
Pay scale: _____
Completion of 30 years: _____
Pay scale: _____

9. Whether the official was : _____
/ is under Suspension _____
/ Departmental /Vig. Case _____
being contemplated / _____
pending. If so, attach a _____
brief note and copy of _____
Charge- sheet. _____

10. Whether any penalty : _____
 Was / Is imposed on the official. : _____
 If so, details thereof along with : _____
 a copy of relevant orders. : _____

11. Currency Punishment at present.....

12. Pay Matrix Level.....Rs.....Cell No.....

13. E.O.L. on private affairs / Dies-non period, if any _____

14. Type test/ Accounts test report {passed/Exempted) _____

15. Other details, if any, _____

Certified that the above particulars are correct as per Service Book of the official concerned and nothing has been concealed there from.

Checked by _____
 Name & Desig. _____
 Section _____

Prepared by _____
 Name & Desig. _____
 Section _____

(Signature of Head of Branch/
 DDO with Seal)