



रक्षा लेखा नियंत्रक का कार्यालय, उदयन विहार, नारंगी, गुवाहाटी 781171 -

OFFICE OF THE CONTROLLER OF DEFENCE ACCOUNTS

UDAYAN VIHAR, NARANGI, GUWAHATI- 781171

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सं/No. AN/1C/SAS/Part-II/June/2022

दिनांक/Dated: 08/07/2022

सेवा में / To

The Officer (s)-in-charge

1. E-III Section (Local)

2. AAO BSO Missamari

विषय/ Sub: Timely provisioning of successful candidates of SAS Part-II Examination: June 2022

संदर्भ/ Ref: HQrs Office Most Important Circular No. PERS/SAS/16102/SAS-II/June/2022/PROG dt. 22/04/2022 and AN/XI/11051/SAS Pt-II/2022 dated 05/07/2022.

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With reference to HQrs Office letter cited above, it is requested to get the requisite data filled in by the candidates who have appeared in the SAS Part-II examination held from 20<sup>th</sup> to 24<sup>th</sup> June 2022 as per Annexure – B and forward the same to this section / office **immediately** via TTB/ e-mail and Speed Post so that timely provisioning of successful candidates of SAS Part-II examination can be done on declaration of the results of the said examination.

सेवा में / To This may be treated as URGENT. Copy by post may please not be awaited.

संलग्नक/Enclo.: यथोपरि /As stated above.

(देबब्रत दास / Debabrata Das)

लेखा अधिकारी (प्रशा)/ Accounts Officer (AN)

प्रतिलिपि प्रेषित/Copy to:-

1. The DAD HQrs (AN/XI Sec) - For information w.r.t. their letter cited under reference.

Ulan Batar Road, Palam  
Delhi Cantt. -10 -

2. The Officer –in-charge - For uploading the same on CDA Guwahati website please.

IT &S Wing {Local}

(देबब्रत दास / Debabrata Das)

लेखा अधिकारी (प्रशा)/ Accounts Officer (AN)

Annexure '8'

(Original copy to be forwarded to HQrs.)

[illegible]

15	Brief Grounds for choice stations:
Attach latest Medical Certificate (NOT MEDICAL PRESCRIPTION & TEST REPORTS) in respect of medical cases and Service certificate showing Station & Department from the employer in case of spouse.	
16	If Spouse serving in DAD, Specify Office & Station of present posting:

**UNDERTAKING**

It is to undertake that the information furnished above are correct.

Date:

(SIGNATURE OF APPLICANT)

**(ALL COLUMNS ARE MANDATORY AS PER APPLICABILITY)**

(To be filled by the Controller's office)

17	<b>GROUND FOR RECOMMENDATION</b> (Hard Tenure Completion, Age, Physically Challenged %, Medical Self, Medical Dependent, Serving Spouse - As per DoPT Guideline, Home Town, Stay Away)
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Date:

(SIGNATURE AND SEAL OF GO(AN))