

## रक्षा लेखा नियंत्रक का कार्यालय, उदयन विहार, नारंगी, गुवाहाटी 781171 - OFFICE OF THE CONTROLLER OF DEFENCE ACCOUNTS UDAYAN VIHAR, NARANGI, GUWAHATI- 781171

फोन/Ph फ़ैक्स/Fax:0361-2640394, 2640204

e-mail: cdaguwadmin1c.dad@hub.nic.in



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.

This may be treated as URGENT. Copy by post may please not be awaited.

संलग्नक/Enclo.: यथोपरि /As stated above.

— है o xx /sd — (देबब्रत दास / Debabrata Das)

लेखा अधिकारी (प्रशा)/ Accounts Officer (AN)

प्रतिलिपि प्रेषित/Copy to:-

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 The DAD HQrs (AN/XI Sec) Ulan Batar Road, Palam Delhi Cantt. -10

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2 The Officer –in-charge IT &S Wing {Local}

For information w.r.t. their letter cited under reference.

For uploading the same on CDA Guwahati website please.

(देबब्रत दास / Debabrata Das),

लेखा अधिकारी (प्रशा)/ Accounts Officer (AN)

## SAS Part-II passed candidates application format.

(Original copy to be forwarded to HQrs.)

2	Roll No. (SAS Part-II JUNE 2022  GENDER (Male / Female)					
د  ع	NAME * /					
g	GRADE					
• 5	Account No.			in the second		
5 5	DATE OF BIRTH				•	
7	DATE OF APPOINTMENT (DAD)					
8	DATE OF PROMOTION (As auditor/Sr, Auditors)					
9	CATEGORY viz. Gen, OBC, SC, ST etc (Mandatory)			J-1		
10	HOME TOWN (Specific District as per Service Record & not Village or State)					
	If DAD office not available at Home town, nearest Station to Home town where DAD office is situated					
11	CHOICE STATION	First Preference				
			Part   100	** ** ** ** ** ** ** ** ** ** ** ** **	: 100mm _ 52 PROPER 10 PR	
	located)	Second Prefere	ince			
• 7		Third Preference				
		Third Preference		APAR 3	APAR 4	APAR S
12 13	Whether EDP trained (Yes/No) (If yes, spe APAR GRADING (Upto two decimal places)	Third Preference	se z i j i j j	APAR 3		APAR S
13	Whether EDP trained (Yes/No) (If yes, spe	Third Preference	se z i j i j j	APAR 3		APAR 5 To Date (dd/mm/yyyy)
.3	Whether EDP trained (Yes/No) (If yes, spenicle)  APAR GRADING (Upto two decimal places)  SERVICE PROFILE (In DAD)	Third Preference ecify project)  APAR 1 1  Organisation	APAR 2 Whether Sensitive Assignment		APAR 4 From Date	To Date
.3	Whether EDP trained (Yes/No) (If yes, spenicle)  APAR GRADING (Upto two decimal places)  SERVICE PROFILE (In DAD)	Third Preference ecify project)  APAR 1 1  Organisation	APAR 2 Whether Sensitive Assignment		APAR 4 From Date	To Date
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15	Brief Grounds for choice stations:
4.5	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.
<u> </u>	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	GROUND FOR RECOMMENDATION
	(Hard Tenure Completion, Age, Physically Challenged %, Medical Self,
	Medical Dependent, Serving Spouse - As per DoPT Guideline, Home
	Town, Stay Away)

Date:

(SIGNATURE AND SEAL OF GO(AN))