
	<p>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: <a href="mailto:cdaguwadmin1c.dad@hub.nic.in">cdaguwadmin1c.dad@hub.nic.in</a></p>	
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सं/No. AN/IC/SAS/Part-II/May/Nov/2020

दिनांक/Dated: 02/12/2020

सेवा में / To

The Officer (s)-in-charge

1. AN/1 B, R section, IA, SC-I, E-III Section.
2. AO GE Missamari, AAO BSO Narangi, AO GE Rangiya, AO GE Jorhat, LAO 222 ABOD, ALAO SD Shillong, PAO (ORs) 58 GTC Shillong, LAO(A) Silchar, ALAO 313 ASC Coy.

**विषय/ Sub:** Timely provisioning of successful candidates of SAS Part-II Examination: November, 2020 to the grade of AAO.

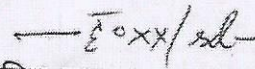
**संदर्भ/ Ref:** HQrs Office letter No. AN/XI/11051/SAS Pt-II/2020 dated 01/12/2020.

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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 23<sup>rd</sup> to 27<sup>th</sup> November, 2020 as per Annexure – B and forward the same to this section / office immediately via TTB 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. Receipt of original/ ink-signed copy is a pre-requisite for onward transmission to HQrs Office.

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

संलग्नक/Enclo.: यथोपरि /As stated above.

  
(देबप्रिय दास / Debapriya Das)

लेखा अधिकारी (प्रशा)/ Accounts Officer (AN)


प्रतिलिपि प्रेषित/Copy to:-

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

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

2.  The Officer –in-charge  
IT &S Wing (EDP Centre) {Local}

- For uploading the same on CDA Guwahati website please.

  
(देबप्रिय दास / Debapriya Das)

लेखा अधिकारी (प्रशा)/ Accounts Officer (AN)

**SAS Part-II passed candidate's application format**  
(Original copy to be forwarded to HQrs Office)

Annexure-B

1	Roll No. ( SAS Part-II Nov'2019)					
2	GENDER (Male/Female)					
3	NAME					
4	GRADE					
5	Account No.					
6	Date of Birth					
7	Date of Appointment (DAD)					
8	Date of Promotion (As Auditor/Sr. Auditor)					
9	Category viz, Gen, OBC, SC,ST etc. (Mandatory)					
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 ( Station (Not Office) where DAD offices are located)		First Preference			
			Second Preference			
			Third Preference			
12	Whether EDP trained (Yes/No) If yes, specify project)					
13	APAR Grading (upto two decimal places)	APAR-1 2014-15	APAR-2 2015-16	APAR-3 2016-17	APAR-4 2017-18	APAR-5 2018-19
14	<b>SERVICE PROFILE (IN DAD)</b>					
	Name of Office	Organisation	Whether Sensitive Assignment (Yes/No)	Station	From Date (dd/mm/yyyy)	To Date (dd/mm/yyyy)
15	Brief Ground for choice station:					
Attach latest Medical Certificate (Not Medical Prescription & Test Reports) in respect of medical cases and service certificate showing & Department from the employer in case of spouse.						
16	If Spouse serving in DAD, specify office & Station of present Posting					
<b>UNDERTAKING</b>						
It is to undertake that the information furnished above are correct.						
Date: _____						
( ALL COLUMNS ARE MANDATORY AS PER APPLICABILITY)						(SIGNATURE OF APPLICANT)
17	GROUND FOR RECOMMENDATION (Hard Tenure Completion, Age, Physically challenged%, Medical self, Medical Dependent, Serving Spouse as per DOP&T Guideline, Home Town, Stay away)					

Date

SIGNATURE AND SEAL OF GO (AN)