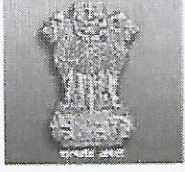


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भारत सरकार
रक्षा मंत्रालय
रक्षा लेखा नियंत्रक, गुवाहाटी
GOVERNMENT OF INDIA
MINISTRY OF DEFENCE
CONTROLLER OF DEFENCE ACCOUNTS, GUWAHATI



"Udayan Vihar", Narangi, Guwahati- 781171

Tel. 0361-2640394/2641142

Fax. 0361-2640204/2640810/2641143

No. AN/III/OHRA/Corrs/Vol-III

Date:11/04/2019

To

**The EDP section
Local**

Sub: Forwarding of Old duty station HRA Application format for uploading in CDA Website.

An Old duty station HRA Application format is forwarded herewith for uploading in CDA Website please.

Encls: As above

Sechabits
AAO
(AN- III)

CERTIFICATE FOR CLAIMING OLD DUTY STATION HRA

(Strike out whichever is not applicable)

Certified that

1. Consequent upon my transfer, I have been relieved from the office of on..... and joined in the office of on.....
2. My family members as mentioned below are residing at the "Last Place of Posting" ie,..... at the following address ;
.....
.....
at hired private accommodation or own house/flat for which the relevant documents as mentioned below are attached
 - (i) For hired private accommodation – Lease agreement, Electricity Bill & LPG Connection document.
 - (ii) For own house/Flat – Commutation Certificate, Property Tax Receipt, Flat ownership document.

Names of family members residing at the old duty station at the above address :-

- 1.
 - 2.
 - 3.
 - 4.
3. The above accommodation is put to bonafide use by the family members mentioned above.
 4. I have not retained any Govt. accommodation at my old duty station or any other station.
 5. I have vacated Govt. accommodation at the "Last Place of Posting" on (vacation report attached)
 6. I was drawing /not drawing HRA at my old Duty Station (copy of LPC enclosed)

Name of Office

Signature of Govt. servant

Date

Name/A/C No.

Designation

Countersigned

Undertaking

I,.....do hereby undertake that I am ready to refund to the Govt, the amount of Old Duty Station HRA paid to me in case the same is found to be irregular, excess or unauthorized for any reason at any time in future. I also undertake that the Department may recover the amount so paid to me from any source due to me suo moto.

Name of Office

Signature of Govt. servant

Date

Name/A/C No.

Designation