



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

ई-मेल/e-mail: cda-guw@.nic.in फ़ैक्स/FAX: 0361-2640204 फोन/Ph: 0361-2640394, 2641142.



IMPORTANT CIRCULAR: 13

Dated: 4th March, 2016

To

1. All the Sections of MO CDA Guwahati
2. All Sub-Offices of CDA Guwahati.

Subject: Exercising option by the staff for Association membership under CCS (RSA) Rules 1993 and recovery of subscription for the year 2016-17

Every staff desiring to become a member of a particular Service Association, [AIDAA (CB) Pune or AIDAA (HQ) Kolkata] has to give in writing his/her consent as per specimen format enclosed.

2. The **option once exercised will remain valid for all the years to come unless withdrawn or changed by the concerned individual.** Such withdrawal/change and option for new membership is permitted **only in the month of April every year.**

3. Any new member(s) in your section/office who is willing to exercise his/her option or any old member(s) willing to withdraw or change as stated above may exercise their option individually separately on the numbered form supplied by the administration on their request only.

4. Each numbered blank form will bear a control number and these option forms will be made available **w.e.f. 01/04/2016 and onwards** by the administration **to desirous staff members** who intend to exercise their option. **Last date of submission of completed (filled) option forms to the nominated officer is 29th April, 2016.**

5. These numbered option forms issued by the Administration should only be used by every individual and there should be **no overwriting / cutting** in the forms. Forms having overwriting / cutting would be treated as invalid.

6. The option form signed by the individual should be authenticated by the authorized functionary of the concerned Association in the presence of nominated officer of the Administration.

7. The recovery of membership subscription will be made by the respective disbursing officer from the pay bill of July, 2016 for the year 2016-17.

8. **Shri U C Dey, Accounts Officer** has been nominated by the Competent Authority for dealing with the entire process of exercising option.

9. *** (Staff who **wants to opt for new membership** of the association or **wants to withdraw the membership only, should submit the option form.** Option forms should be filled in all respect i.e., Name, Designation and A/C No. etc. should invariably be filled)

10. Nominal Roll of _____ section alongwith existing details of membership of officer/staff (as per available records) posted therein is enclosed for ready reference. The same may be updated, if required w.r.t. the posted strength as on date of furnishing the report alongwith membership details etc and **confirmed to this office by 29th April 2016 strictly.**

11. Specimen copies of Letter of Authorization, letter of Withdrawal Form, report on 'Membership as per Check Off System' are enclosed for ready reference and necessary action.

12. **It is once again reiterated that necessary steps may be taken to complete the aforesaid exercise in time and all Reports, completed forms specified in Para 10 and 11 above should reach this office by 29th April 2016.**

13. In case of no information w.r.t. the above in a particular sub-office/section, 'NIL' report may be rendered so as to **reach this office by 29th April 2016.**

No. AN/I/CDA/JCM/Gen-XXII

Dated: 4th March, 2016

(K. Lalbiakchunga, IDAS)
Assistant Controller (AN)

Copy to:

EDP Section (Local) : With a request to upload the contents of this circular in the CDA Guwahati Website

(H B Dutta)

Sr. Accounts Officer (AN)

LETTER OF AUTHORISATION

I, _____ (Name & Designation) being a member of _____ Association hereby authorize deduction of annual membership of Rs. _____/- for 2016 – 17 from my salary and authorize its payment to _____ Association.

Signature _____

Name _____

Designation _____

Sub-Office/ Section _____

TO BE FILLED IN BY THE ASSOCIATION

It is certified that Shri/Smt/Miss _____ is a member of _____ Association.

Signature of authorized office bearer

LETTER OF WITHDRAWAL

I, _____ (Name & Designation), a
member of _____ Association intend to withdraw my candidature
from the same Association.

Signature _____

Name _____

Designation _____

MEMBERSHIP AS PER CHECK-OFF SYSTEM

Sl. No.	Category	Total Number of Employees in the Category	Name of Association		Membership as per check-off system	Remarks
			AIDAA (CB) Pune	AIDAEA (HQ) Kolkata		
1	Group 'B'					
2	Group 'C'					
3	Group 'D'					

Signature of SAO / AO / AAO

BREAK-UP OF OFFICE-WISE

Sl. No.	Category	Total Number of Employees in the Category	Name of Association		Membership as per check-off system	Remarks
			AIDAA (CB) Pune	AIDAEA (HQ) Kolkata		
1	Group 'B'					
	Group 'C'					
	Group 'D'					
Total						
2	Group 'B'					
	Group 'C'					
	Group 'D'					
Total						

Signature of SAO / AO / AAO