



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 फ़ोन/Ph: 0361-2640394, 2641142.



IMPORTANT CIRCULAR:50

To

Dated: ~~03~~⁰³ April, 2020

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 2020-21.

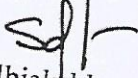
Every staff desiring to become a member of a particular Service Association, [AIDAA (CB) Pune or AIDAA (HQ) Kolkata] has to give in writing his/her consent as per specimen format enclosed.

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 The option once exercised will remain valid for all the years to come unless withdrawn or changed by the concerned individual.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. 01/04/2020 and onwards by the nominated officer of 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 30th April, 2020.
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, 2020 for the year 2020-21.
8. Shri S D Sarkar, Sr. Accounts Officer has been nominated by the Competent Authority for dealing with the entire process of exercising option.

Cont...2/

10. Nominal Roll of concerned section of 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 and confirm to this office by 30th April 2020 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 30th April 2020.
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 30th April 2020.
14. Receipt of this circular may please be acknowledged immediately latest by 01.04.2019.


No. AN/IB/CDA/JCM/Gen-XXIV
Dated: ~~02~~ April, 2020


(Dr. K Lalbiakchhunga, IDAS)
Deputy Controller (AN)

Copy to:

IT & S Wing (Local)

With a request to upload the contents of this circular in the CDA Guwahati Website


(K Bhagabati)
Accounts Officer (AN)

Control No. _____

LETTER OF WITHDRAWAL

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

Name of sub office/

Signature :

Section of MO : _____

Name :

Designation :

A/c Number :

Control No. _____

LETTER OF WITHDRAWAL

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

Name of sub office/

Signature :

Section of MO : _____

Name :

Designation :

A/c Number :

Control No. _____

ANNEXURE-I
LETTER OF AUTHORISATION

I, _____ (Name & Designation) Being a member of _____, Association hereby authorize deduction of annual subscription of Rs. _____ for _____ (year) from my salary and authorize its payment to _____ Association.

Name of sub office/

Signature :

Section of MO : _____

Name :

Designation :

A/c Number :

TO BE FILLED IN BY THE ASSOCIATION

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

Signature of authorized office bearer.

Control No. _____

ANNEXURE-I
LETTER OF AUTHORISATION

I, _____ (Name & Designation) Being a member of _____, Association hereby authorize deduction of annual subscription of Rs. _____ for _____ (year) from my salary and authorize its payment to _____ Association.

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TO BE FILLED IN BY THE ASSOCIATION

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