



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

फ़ैक्स /Fax: 0361-2640204

फोन/Ph:0361-2640394,2641142



सं/No. AN/1C/SAS/Part-II/Sep/2018

दिनांक/Dated: 10/09/2018

सेवा में / To

The Officer (s)-in-charge

- 1. AN/1 B, AN/III, A/Cs, SC-I, SC-II, SC-III, E-I, E-III (C), DDP Cell, I A, O&M Section
- 2. AAO BSO Missamari, AAO BSO Narangi, Area Accounts Office Shillong, AO GE Rangiya, LAO(A) Guwahati, LAO 222 ABOD, PAO(ORs) 58 GTC Shillong, AAO BSO (AF) Jorhat, LAO(A) Silchar, AAO BSO Dinjan, AAO DEO Tezpur.

विषय/ Sub:

Timely provisioning of successful candidates of SAS Part-II Examination: September, 2018

संदर्भ/ Ref:

HQrs Office Most Important Circular No. AN/SAS/16102/SAS-II/Sept/2018/

PROG dt. 11/05/2018 and AN/XI/11051/SAS Pt-II/Sep 2018 dated 06/09/2018.

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 04th to 08th September, 2018 as per Annexure - A and forward the same to this section / office immediately via TTB/e-mail/FAX / 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.

— { ∘×x/3d − (के. भागबती / K. Bhagabati)

लेखा अधिकारी (प्रशा)/ Accounts Officer (AN)

प्रतिलिपि प्रेषित/Copy to:-

Shri V.J. Gandotra, SAO
 O/o the CGDA (AN/II Sec)
 Ulan Batar Road, Palam

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

2. The Officer -in-charge EDP Centre (Local)

Delhi Cantt, -10

For uploading the same in CDA Guwahati website please.

(के. भागबती / K. Bhagabati)

लेखा अधिकारी (प्रशा)/ Accounts Officer (AN)

SAS Part-II passed candidates application format

(Original copy to be forwarded to HQrs.)

1	Roll No. (SAS Part-II Feb'2015)			:	
2	GENDER (Male / Female)			:	
3	NAME			1	
4	GRADE		:		
5	Account No.				
6	DATE OF BIRTH		*		
7	DATE OF APPOINTMENT (DAD)		*		
8	DATE OF PROMOTION (As auditor/Sr. Auditors)			2	
9	CATEGORY viz. Gen, OBC, SC, ST etc (Mandatory)				
10	HOME TOWN (Specific District as per Service R	:			
	If DAD office not available at How where DAD office is situated				
11	CHOICE STATION (Station (NOT Office)where DAD	First Preference			
	offices are located)	Second Preference			
		Third Preference			76.
12	Whether EDP trained (Yes/No) (I	f yes, specify project			
13	Whether EDP trained (Yes/No) (I APAR GRADING (Upto two decimal places)	f yes, specify project	APARZ	APARS	APARS
	APAR GRADING (Upto two decimal places)			ESAPA	APARS
13	APAR GRADING			APARB Station	To Date (dd/mm/yyyy)
13	APAR GRADING (Upto two decimal places) SERVICE PROFILE (In DAD)	PARI	Whether Sensitive Assignment		To Date
13	APAR GRADING (Upto two decimal places) SERVICE PROFILE (In DAD)	PARI	Whether Sensitive Assignment		To Date
13	APAR GRADING (Upto two decimal places) SERVICE PROFILE (In DAD)	PARI	Whether Sensitive Assignment		To Date
13	APAR GRADING (Upto two decimal places) SERVICE PROFILE (In DAD)	PARI	Whether Sensitive Assignment		To Date
13	APAR GRADING (Upto two decimal places) SERVICE PROFILE (In DAD)	PARI	Whether Sensitive Assignment		To Date
13	APAR GRADING (Upto two decimal places) SERVICE PROFILE (In DAD)	PARI	Whether Sensitive Assignment		To Date

.5	Brief Grounds for choice stations:				
	1				
	v v				
	Attach latest MedicalCertificate (NOT MEDICAL PRESCRIPTION & TEST REPORTS) in results showing Station & Department from the employer in case of spouse.	pect of medical cases and Service certificate			
6	If Spouse serving in DAD, Specify Office & Station of present posting.				
	UNDERTAKING				
	It is to undertake that the information furnished above are correct.				
	to to directione that the information farmaned above are correct.				
	Date:	(SIGNATURE OF APPLICANT)			
		(SIGNATURE OF APPLICANT)			
	Date:	(SIGNATURE OF APPLICANT)			
7	Date: (ALL COLUMNS ARE MANDATORY AS PER APPLICABILITY)	(SIGNATURE OF APPLICANT)			
7	Date: (ALL COLUMNS ARE MANDATORY AS PER APPLICABILITY) (To be filled by the Controller's office)				
7	Date: (ALL COLUMNS ARE MANDATORY AS PER APPLICABILITY) (To be filled by the Controller's office) GROUND FOR RECOMMENDATION				
7	Date: (ALL COLUMNS ARE MANDATORY AS PER APPLICABILITY) (To be filled by the Controller's office) GROUND FOR RECOMMENDATION (Hard Tenure Completion, Age, Physically Challenged %, Medical Self, Medical				

Date:

(SIGNATURE AND SEAL OF GO(AN))