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रक्षा लेखा नियंत्रक का कार्यालय, गुवाहाटी उद्यान 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.

— Eox/sd —

(के. भागबती / K. Bhagabati)

लेखा अधिकारी (प्रशा)/ Accounts Officer (AN)

प्रतिलिपि प्रेषित/Copy to:-

1. Shri V.J. Gandotra, SAO
O/o the CGDA (AN/II Sec) - For information w.r.t. their letter cited under reference.
Ulan Batar Road, Palam
Delhi Cantt. -10
2. The Officer -in-charge - For uploading the same in CDA Guwahati website please.
EDP Centre (Local)

(के. भागबती / K. Bhagabati)

लेखा अधिकारी (प्रशा)/ Accounts Officer (AN)

15	Brief Grounds for choice stations:
<i>Attach latest Medical Certificate (NOT MEDICAL PRESCRIPTION & TEST REPORTS) in respect of medical cases and Service certificate showing Station & Department from the employer in case of spouse.</i>	
16	If Spouse serving in DAD, Specify Office & Station of present posting.

UNDERTAKING

It is to undertake that the information furnished above are correct.

Date:

(SIGNATURE OF APPLICANT)

(ALL COLUMNS ARE MANDATORY AS PER APPLICABILITY)

(To be filled by the Controller's office)

17	GROUND FOR RECOMMENDATION (Hard Tenure Completion, Age, Physically Challenged %, Medical Self, Medical Dependent, Serving Spouse - As per DoPT Guideline, Home Town, Stay Away)	
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Date:

(SIGNATURE AND SEAL OF GO(AN))