
 सत्यमेव जयते	रक्षा लेखा नियंत्रक का कार्यालय, उदयन बिहार, नारंगी, गुवाहाटी- 781171 OFFICE OF THE CONTROLLER OF DEFENCE ACCOUNTS, UDYAN VIHAR, NARANGI, GUWAHATI-781171 फ़ैक्स /Fax: 0361-2640204 फ़ोन/Ph:0361-2640394,2641142	
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सं/No. AN/IC/SAS/Part-II/Sep-2017

दिनांक/Dated: 09/10/2017

सेवा में/ To

The Officers-in-charge

- 1) AN/I B, AN/II Gp-II, AN/III, A/Cs, IA, O&M, E-I, EDP, DDP, SC-I and SC/II section
- 2) Area Accounts Office Shillong, AAO BSO Missamari, AAO BSO Narangi, ALAO 313 Coy ASC (Sup), AO AGE (I) Rangiya, AO GE Narangi, LAO 222 ABOD, AO GE Tezpur and AAO BSO (AF) Jorhat.

विषय /Sub.: Timely provisioning of successful candidates of SAS Part-II Examination: September, 2017.

संदर्भ/ Ref.: HQrs Office letter No. AN/XI/11051/SAS-II/Sept/2017 dated 15/09/2017.

With reference to HQrs Office letter cited above, it is requested to fill in the requisite data in respect of the candidates who have appeared in the SAS Part-II examination held from 11/09/2017 to 15/09/2017 as per **Annexure –A** and forward the same to this section/ office immediately via 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 please be treated as “urgent”. Copy by post may please not be awaited.

संलग्नक/ Encl: यथोपरि /As above.

— *Chayan Das* —
 (चयन दास / Chayan Das)

व. ले. अधि.(प्रशा.)/ Sr. A O (AN)

प्रतिलिपि प्रेषित/ Copy to:-

✓ The Officer-in-charge -
 EDP Centre (Local)

With a request to upload the same in CDA Guwahati website.

Chayan Das
 (चयन दास / Chayan Das)

व. ले. अधि.(प्रशा.)/ Sr. A O (AN)

SAS Part-II candidate's application format
(Original copy to be forwarded to HQrs Office)

1	Roll No. (SAS Part-II Sept' 2017)					
2	GENDER (Male/Female)					
3	NAME					
4	GRADE					
5	Account No.					
6	Date of Birth					
7	Date of Appointment (DAD)					
8	Date of Promotion (As Auditor/Sr. Auditor)					
9	Category viz, Gen, OBC, SC,ST etc. (Mandatory)					
10	Home Town (Specific District as per Service Record & Not Village or State) If DAD office not available at Home Town, nearest Station to Home Town where DAD office is situated.					
11	Choice Station (Station (Not Office) where DAD offices are located)	First Preference				
		Second Preference				
		Third Preference				
12	Whether EDP trained (Yes/No) If yes, specify project)					
13	APAR Grading (upto two decimal places)	APAR-1	APAR-2	APAR-3	APAR-4	APAR-5
14	SERVICE PROFILE (IN DAD)					
	Name of Office	Organisation	Whether Sensitive Assignment (Yes/No)	Station	From Date (dd/mm/yyyy)	To Date (dd/mm/yyyy)
15	Brief Ground for choice station:					
16	Attach latest Medical Certificate (Not Medical Prescription & Test Reports) in respect of medical cases and service certificate showing & Department from the employer in case of spouse.					
	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)						
17	GROUND FOR RECOMMENDATION					
	(Hard Tenure Completion, Age, Physically challenged%, Medical self, Medical Dependent, Serving Spouse as per DOP&T Guideline, Home Town, Stay away)					

Date

SIGNATURE AND SEAL OF GO (AN)