



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 फैक्स/FAX:0361-2640204 फोन/Ph: 0361-2640394, 2641142.



IMPORTANT CIRCULAR: 118

Dated: 23th March, 2021

To

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

Subject : Exercising option by the members of DAD (SAS) Officers Association for Association membership under CCS (RSA) Rules 1993 and recovery of subscription for the year 2021-22.

Every SAS Officers desiring to become a member of DAD (SAS) Officers Association have to give in writing his/her consent as per specimen format enclosed. As per para 2.2, 2.3 & 2.5 of DOP&T, Most Immediate OM No. 2/10/80-JCA dated 31st January 1994, option for DAD (SAS) Officers Association membership can be exercised by the AAOs/AOs/SAOs in the month of **April** each year and recoveries of membership subscription shall be made by the DDO in the month of **July**.

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 The option once exercised will remain valid for all the years to come unless withdrawn or changed by the concerned individual.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. 01/04/2021 and onwards by the nominated officer of administration to desirous members who intend to exercise their option. Last date of submission of completed (filled) option forms to the nominated officer is 30th April, 2021.

5. These numbered option forms issued by the Administration should only be used by every Officer 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 Officer 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, 2021 for the year 2021-22.

8. Shri Nazrul Islam , AO, has been nominated by the Competent Authority for dealing with the entire process of exercising option.

10. Nominal Roll of concerned section along with existing details of membership of officer (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 along with membership details etc and **confirmed to this office by 30th April 2021.**

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 2021.

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 2021.**

14. Receipt of this circular may please be acknowledged immediately latest by 15.04.2021.

No. AN/IB/DAD/SAS/OA/Vol-III

Dated: 23rd April, 2021

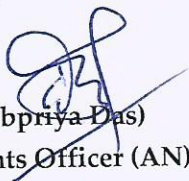
Sd/-

(N K Biswas IDAS)
Deputy Controller (AN)

Copy to:

IT & SW Section
(Local) :

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


(Debpriya Das)
Accounts Officer (AN)

LETTER OF WITHDRAWAL

I _____ (name & designation) a
member of DAD(SAS) Officers Association intend to withdraw
my candidature from the same Association.

Signature
Name
Designation

LETTER OF AUTHORISATION

I, _____ (name and designation)
being a member of _____ Association hereby authorise
deduction of annual subscription of Rs. _____
for _____ (Year) from my salary and authorise its payment
to _____ Association.

Signature:
Name :
Designation:

TO BE FILLED IN BY THE ASSOCIATION

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

Signature of authorised
office Bearer.

1. Statement showing the details of number of members (office wise) & total number of membership as per check-off system (for the entire organization)

<u>Sr No</u>	<u>Category</u>	<u>Total No.s of officers in the Grade</u>	<u>Name of the Association</u>	<u>Membership as per check off system</u>	<u>Remarks</u>
1.	AO/SAO				
2.	AAO				

Break up Office Wise

<u>Sr No</u>	<u>Grade</u>	<u>Name of the Office</u>	<u>Total No.s of officers in the Grade</u>	<u>Name of the Association</u>	<u>Membership as per check off system</u>	<u>Remarks</u>

2. It is certified that members of the Association do not have dual membership.

GO/ DCDA (AN)