OFFICE OF THE CONTROLLER OF DEFENCE ACCOUNTS* "UDAYAN VIHAR", NARANGI, GUWAHATI - 781171

IMPORTANT CIRCULAR

No. GAU/EDP/401 / TULIP /Vol. I

Date: - 15-07-2016

To

All Sub Offices

Subject :- DAD PERSONAL MANAGEMENT SYSTEM - IMPLEMENTATION

The implementation process of Office Automation Project "Tulip" is under way and execution of DAD Paybill project during the month of MAY, 2016, is one such glaring example.

In addition to DAD Paybill , the DAD Personal Management System (PMS) covers many aspects of the functionality related to DAD employees like processing of TA/DA, LTC, Medical & CEA Claims, sanctioning of leave, processing of Contingency bills of Admin section, etc.

A proforma as ANNEXURE - A is enclosed herewith showing therein details of information required involving implementation of the PIS Module. HQrs office desires that the above mentioned information is to be fed in the system for setting stage for implementation of rest of the modules of DAD PMS.

In tune with this , it is requested that the information as sought for may be provided to the EDP Centre in the prescribed proforma latest by 25th July, 2016, by mail (cda-guw@nic.in) or FAX (0361-2640810) with utmost priority.

Enclo:- 1

(K. Lalbinkahhunga

| SL No. | Name of the Govt. Servant | A/C No.* | Name of family membe | Date of Birth* | Relation * | Gender* | Whether Govt. Employee | Is Departmental employee | Spouse Office Name | Spouse Designation | Occupation of family member | Dependent (Yes/No) |
|-----------|---------------------------------|----------|-------------------------------|----------------------|---------------|---------|------------------------------|--------------------------------|--------------------------|-----------------------|-----------------------------|-----------------------|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| Date of Nomination | Handicapped (Yes/No) | If Yes, Handicapped percentage | Aadhar Number of Family member | Education* | Stream* | Qualification | Month Year of Qualification | Certificate No. | Certificate Date |
|-----------------------|-------------------------|--------------------------------------|---|------------|---------|---------------|-----------------------------------|--------------------|---------------------|
| | | | | | | | | | • |
| | | | | | | | | | |