रक्षा लेखा नियंत्रक का कार्यालय, गुवाहाटी उदयन विहार, नारंगी, गुवाहाटी-781171 OFFICE OF THE CONTROLLER OF DEFENCE ACCOUNTS, UDAYAN VIHAR, NARANGI, GUWAHATI: 781171.

फैक्स/FAX:0361-2640204

फोन/Ph:0361-2640394,2641142.

No.AN/1C/SAS/Part-II/Nov/2015

Date: - 01/12/2015

To

The Officer-in-Charge,

Subject:

Provisioning of SAS Apprentices/SA/Adr/DEO/Stenos/Clerks-November,

2015 to the regular vacancies of SOs (A): Inviting of option of posting.

Reference:

HQrs office letter No. AN/IX/9011/1/SAS-II/Nov/2015 dt 01/12/2015

It has been decided by HQrs Office to invite option for choice stations in the enclosed Annexure-'A" from the entire candidate who appeared SAS Part-II Examination recently held in November, 2015 for timely provisioning of successful candidates.

It may also be clarified to the candidates that opting for three choice stations may not be construed as right for posting to one of these stations. However, efforts would be made to accommodate them to the extent administratively feasible. The individuals seeking retention at the same station or seeking transfer to their choice stations on medical grounds may be advised to submit proper medical certificate (and not copies of prescriptions and test reports) from the attending specialist, clearly bringing out the disease, since when suffering from and present status etc.

Proforma to be submitted, duly filled in, by the candidate is attached herewith as 'Annexure-A'.

It is requested to obtain the representation/requests and forward the same by FAX/Speed Post so as to reach this office latest by $\underline{07/12/2015}$ positively enabling this office to transmit the same to HQrs. Office in time.

This may please be accorded TOP PRIORITY.

Enclo: As stated above.

(H.B. Dutta) Sr.Accounts Officer (AN)

-sd-

Copy to:

The Officer in Charge, EDP Sec. (Local)

For uploading in CDA Guwahati website.

Sr. Accounts Officer (AN)

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

01									
	Roll No. (SAS Part-II Nov' 2015)							4	
02	GENDER								
03	NAME								
04	GRADE								,
05	Account 1								
06	Date of B								
07	DATE O								
08	DATE OF PROMOTION(As Auditor/Sr.Auditor) CATEGORY viz. Gen, OBC, SC,ST etc.								
09									
	(Mandatory) HOME TOWN								
10									
	(Specific	lage							
	or State)	or State) If DAD office not available at Home Town, nearest							
11	Station to Home Town where DAD office is situated.								
11	CHOICE STATION (Station(NOT Office)		First Preference Second Preference						
		AD offices	Third Preference						
	are located)								
12	Whether								
12		es/No) (If							
		fy project)							
13		AR GRADING APAR 1		APA	R 2	APAR 3	APAF	24	APAR 5
	(Up to tw	o decimal							
	places)								
14	SERVICE PROFILE (IN DAD)								
					Station				To Date
	of		Assignment(Yes/No)		(dd/mm	/yyyyy	(dd	/mm/yyyyy)
	Office								
15			Duiof Cro	unds for	ahoiga st	ation			
15			Brief Gro	unds for	choice st	ation:			
15			Brief Gro	unds for	choice st	ation:			
15			Brief Gro	unds for	choice st	ation:			
	Attach l	atest Medical C	*				& TEST	ΓRE	PORTS) in
15	Attach 1 respec	atest Medical C	ertificate (Not l	MEDICA	L PRESC	CRIPTION	& TES	Γ RE ment	PORTS) in from the
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