

कार्यालय रक्षा लेखा नियंत्रक, रिज रोड, जबलपुर
CONTROLLER OF DEFENCE ACCOUNTS RIDGE ROAD, JABALPUR

CIRCULAR

No. AN/I/1132-A/VOL-XVI

Dated : 03.12.2020

To,

1. All Sections of Main Office CDA Jabalpur.
2. All Sub Offices.


Subject: Timely Provisioning of successful candidates of SAS Part-II Examination, November 2020 to the grade of AAO.

Reference: HQrs. Office letter no. AN/XI/11051/SAS Pt-II/2020, dated: 01.12.2020.

* * * * *

In order to enable HQrs. Office to release timely provisioning in respect of SAS Part-II November 2020 qualified candidates, it is requested to obtain choice stations of all the SAS Part-II November 2020 candidates in the enclosed Annexure 'B' and forward through e-mail/fax/by speed post on or before 10.12.2020.

2. 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 on passing SAS Part-II. However, efforts would be made by HQrs. Office 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.


SAO (AN)

Copy to :

The Officer I/c, }
OA Cell (Local) } With a request to upload this circular on official website.

--sd--
SAO (AN)

(To be filled by applicant)

Annexure 'B'

SAS Part-II passed candidates application format
(Original copy to be forwarded to HQrs.)

1	Roll No. (SAS Part-II Nov'2020)					
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. Auditors)					
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)					
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)
						P.T.O.

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)	
----	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Date:

(SIGNATURE AND SEAL OF GO(AN))