

कार्यालय रक्षा लेखा प्रधान नियंत्रक (द.प.क.) खातीपुरा रोड, जयपुर-302012

Office of the Principal Controller Defence Accounts (SWC), Khatipura Road Jaipur-12

Fax No. 0141-2388463 Phone No. 0141-2388450

**Circular**

AN/1/133/SAS Pt-I/04/2018

Dated: 01.12.2017

To

All Sections in Main Office

All Sub- Offices

Sub: SAS Part -I Examination scheduled to be held in April,2018

Ref: HQrs Office letter no. AN/SAS/16101/SAS-I/April/2018/Prog dated 28.11.2017

It has been decided by HQrs Office to hold SAS Part-I Examination as per programme below:-

Day/Date	Paper	Time	Subject	Marks
Monday 16.04.2018	Paper-I	10:00 AM to 1:00 PM	Organization & Fundamentals of Audit & Accounts (Theory-without Books)	100 Marks
Tuesday 17.04.2018	Paper-II	10:00 AM to 1:00 PM	Organization & Fundamentals of Audit & Accounts (Practical-with Books)	100 Marks
Thursday 19.04.2018	Paper-III	10:00 AM to 1:00 PM	Accountancy	150 Marks
Friday 20.04.2018	Paper-IV	10:00 AM to 1:00 PM	Service Regulations (Practical-with Books)	100 Marks

The details instructions for above cited examination are available on CGDA website as well as this office website.

It is requested to forward name of candidates who are eligible for SAS Part-I Examination by 22.12.2017 as per instructions of CGDA letter no. AN/SAS/16101/SAS-I/April/2018/Prog dated 28.11.2017

Necessary undertaking (on enclosed format) in consonance with DoP&T OM No. 36011/03/2005-Estt(Res) dated 09.09.2005 may also be invariably be sent by each SC/ST candidate as required in Para 7.1 as HQrs Office ibid circular.

Nil report (by fax) is also required.

  
(Ram Babu)

Sr. Accounts Officers (AN)

**Copy to:-**

Officer in Charge :-  
EDP Cell (Local)

You are requested to upload this letter alongwith HQrs Office letter cited under reference on the Website of this office.

  
(Ram Babu)

**CERTIFICATE**

I .....do hereby declare that -

\* (i) I belong to ..... (Name of community) which is included in the list of Scheduled Caste / Scheduled Tribe (as the case may be).

Or,

\* (ii) I do not belong to SC/ST community.

Signature:

Designation:

Account No.:

Roll No.:

*\* Strike out which is not applicable.*

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**(To be used by the Main Office of Principal Controllers / Controllers concerned)**

The declaration has been verified as per the information recorded in the Service Book of the individual and found correct.

Signature and Name

**Sr. Accounts Officer / Accounts Officer (AN)  
Office of the PCDA / CDA**

Dated the ..... 2017.

