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|  | <p style="text-align: center;">कार्यालय, रक्षा लेखा महानियंत्रक OFFICE OF CONTROLLER GENERAL OF DEFENCE ACCOUNTS उलान बटार मार्ग, पालम, दिल्ली छावनी-110010 ULAN BATAR MARG, PALAM, DELHI CANTT.-110010 दूरभाष/Ph: 011-25665706, 25674806 ई-मेल/Email: admin6.cgda@nic.in</p> |  |
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No. AN/Coord/17003/Staff/2021-22

Dated: 18.03.2021

To

The PCsDA/CsDA/CsFA

Subject: Exercise of option by the staff for Association membership under the CCS (RSA) Rules 1993 and recovery of subscription for the year 2021-22.

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 Association membership can be exercised by the staff in the month of **April** each year and recoveries of membership subscription through check off system shall be made by the DDO in the month of **July**.

2. The salient features of procedure laid down for exercise of option by the staff in the month of April and subsequent recovery of their membership subscription from the pay bills for the month of July has been summarized in Annexure enclosed. All the PCsDA/PCA(Fys)/CsDA/ CsFA (Fys) are requested to ensure that the system of exercising of options and recovery of subscription is scrupulously adhered to. The schedule of events listed below may be followed and confirmation to the effect (a) and (b) is to be furnished to HQrs office by **31.03.2021**:-

- a) Issue of circular by your office along with option forms to all the sub-offices under your organization latest by **23.03.2021**.
- b) Obtain confirmation regarding receipt of your circular and option forms in all sub-offices under your administrative control latest by **29.03.2021**.
- c) The option forms should be made available w.e.f. **01.04.2021** and onwards to the staff members who intend to exercise their option.

3. The staff members can exercise the option in the month of **April only** and completed option forms are to be submitted to nominated officer of the Administration by **30.04.2021**.

4. The process of exercise of option in all offices is to be completed by **30.04.2021** and confirmation in this regard may be sent to this HQrs. office by **28.05.2021** positively.

5. A report indicating complete details of the number of staff members [category wise & office wise] serving in their respective organization and total membership strength as per check off system in respect of both the Associations (as per the proforma enclosed) and total strength of the office tallied with the KMI report for January and may be submitted to HQrs. office by **31.08.2021** positively.


6. The Communications received from the members of the Association and reports received from the Controllers offices indicated that dates mentioned by HQrs. office are not strictly adhered to. Therefore, it is requested that deadlines proposed for modalities may be achieved to obviate reminders from this end.

The receipt of this circular may please be acknowledged.


(Rajeev Ranjan Kumar)
Dy. CGDA (AN)

Copy to: -

1. Ms. G Surya Kumari
President
AIDAA (CB) Pune
Care PCDA (O), Pune
 2. Shri Sondeep Mukherjee
Secretary General
AIDAEA (HQ) Kolkata
Care CIA Kolkata
- } For information please.


(Rajeev Ranjan Kumar)
Dy. CGDA (AN)

Annexure to Circular No. AN/Coord/17003/Staff/2021-22 dated | 8.03.2021

1. Every staff desiring to become a member of a particular Service Association [AIDAA (CB) Pune or AIDAEA (HQ) Kolkata] has to give in writing his/her consent as per the specimen format enclosed.
2. The option can be exercised only in the month of **April** and has to be submitted by **30.04.2021** or before the last working day to the nominated officer of the Administration. No other cut off date is to be fixed by the Controllers.
3. The option once exercised will remain valid for all the years to come unless withdrawn or changed by the concerned individuals. Such withdrawal/change is permitted only in the month of April every year on the specimen format enclosed.
4. The numbered option form issued by the Administration should only (to be used) by eligible individual and there should be no overwriting/cutting in the forms. Forms having overwriting/cutting would be treated as invalid.
5. **Blank option forms may be issued to desirous individuals only and in no case the option form be handed over to Association's representatives.**
6. The numbered option form signed by the individual should be authenticated by the authorized functionary of the concerned Association in the presence of nominated officer of the Administration.
7. In respect of offices/stations where no Branch Association is functioning, the coordinating body for consultation and executing common programme of the Associations functioning in that particular office/station shall authenticate the option forms.
8. In stations where even the coordinating body of the Association is not functioning, the person authorized/nominated by the HQ Association shall authenticate the option forms. In such situations, the Secretary General of the Associations should ensure that the name of the person nominated for this purpose is intimated to the concerned Controller well in advance.
9. The Controller should nominate one officer for dealing with entire process of exercising option. The nominated officer will be responsible for issuing the numbered option forms to the individuals and for accepting the completed forms.
10. The nominated officer will ensure that
 - (i) the forms submitted are numbered and the one issued by the Administration.
 - (ii) the option forms are complete in all respects without any over writing/cuttings.
 - (iii) authenticated by the concerned staff Association and
 - (iv) submitted within the prescribed time schedule

11. The nominated officer shall provide a list indicating the names of the individuals who have exercised the options and the Association to which they have opted, to the local authorized functionaries of the Associations.

12. The decision of the nominated officer is binding on the Association unless & until there is any major disagreement for which the matter could be referred to HQrs. office.

13. The nominated officer will ensure that the entire process of exercising the option is completed by 27th sApril or the last working day and render a completion report to the CDA/PCDA.

Recovery of membership subscription

14. After completion of the entire process, the nominated officer will forward all the accepted forms to the officer/Section dealing with the disbursement of pay and allowances for eventual recovery of the annual membership subscription of the Associations.

15. The actual recovery of the annual membership subscription will be made through check-off system in the pay bill for the month of July on the basis of the option exercised in April.

16. After effecting the recovery, the Administration will send a copy of the nominal roll (in duplicate) indicating the names, rank and the amount of membership subscription recovered to the authorized functionaries of the concerned Associations by 10th August. Copy of the said nominal roll should also be sent to the concerned PCsDA/ CsDA wherever necessary.

17. In offices/stations where the Association's authorized functionaries are not available, the amount recovered together with the nominal roll (in duplicate) should be sent to the respective CsDA/PCsDA through DD, who will then pass on the amount through DD to the respective Headquarters of the Association.

18. A report indicating complete details of the staff members [category wise & office wise] serving in their respective organization, total number of membership strength as per check-off system in respect of both the Associations and amount of subscription recovered should be submitted to this office as per the proforma enclosed. The said report should reach this office by **31stAugust 2021** positively.

2021


AAO(AN-Coord)

LETTER OF WITHDRAWAL

I _____ (name & designation) a member of
_____ 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
officer Bearer.

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

| <u>Sr No</u> | <u>Category</u> | <u>Total number of employees in the category</u> | <u>Name of the Association</u> | | <u>Membership as per check off system</u> | <u>Remarks</u> |
|--------------|-------------------------|--|--------------------------------|----------------------------|---|----------------|
| | | | <u>AIDAA (CB) Pune</u> | <u>AIDAEA (HQ) Kolkata</u> | | |
| 1. | Group B Non-Gazetted | | | | | |
| 2. | Group C | | | | | |

Break up Office Wise

| <u>Sr No</u> | <u>Category</u> | <u>Name of the Office</u> | <u>Total number of employees in the category</u> | <u>Name of the Association</u> | | <u>Membership as per check off system</u> |
|--------------|-------------------------|---------------------------|--|--------------------------------|----------------------------|---|
| | | | | <u>AIDAA (CB) Pune</u> | <u>AIDAEA (HQ) Kolkata</u> | |
| 1. | Group B Non-Gazetted | | | | | |
| | Group C | | | | | |

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

GO (AN) / SAO (AN)