

From

The Director Treasuries & Accounts,
Haryana, Chandigarh

To

1. All the Financial Commissioner & Principal Secretaries to Govt. Haryana, Chandigarh
2. All the Heads of Deptt. in the State
3. All the Managing Directors/ Chief Administrators, Boards/Corporations, in the State


No. 1289 TA- HR (4T) 2012/ ⁷³⁶⁵⁻⁶⁶⁵
Dated, Chandigarh the: ^{12/6/12}

SUBJECT: INFORMATION REQUIRED FOR FINALIZATION OF GRADATION LIST OF SECTION OFFICERS (SAS CADRE) (2010 BATCH).

Reference on the subject cited above.


1. It is hereby informed that finalizing of Gradation list of Section Officer (SAS Cadre) is under process for which some information is required in respect of Sh./Smt. _____ Section Officer (SAS Cadre 2010 batch) who is presently working in your office.
2. Accordingly, please find enclosed herewith a blank proforma with the request to furnish the requisite information therein duly attested by the Head of Office concerned on the basis of service book and send the same to this department within 15 days, positively.

Encl: Proforma


Joint Director
For Director Treasuries & Accounts,
Haryana, Chandigarh

Endst. No. 1289 T&A/HR (4T)/2012/ ⁷³⁶⁵⁻⁶⁶⁵ dated, Chandigarh the: ^{12/6/12}

A copy is forwarded to Sh./Smt. _____ Section Officer office of _____ for information and necessary action.


Joint Director
For Director Treasuries & Accounts,
Haryana, Chandigarh

Graduation/Seniority List of Section Officers (SAS/DR Cadre)

BA/1/11/2016-1

Sr. No.	Name	Father's / Husband Name	Date of Birth	Qualification	Home District	a) Date of entry into service b) Date of attaining the age of 35 years c) Date of superannuation	a) Present appointment in Group/ Class of service	Date of appointment as Section Officer (SAS Cadre)	Basic pay on joining	Remarks
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										

It is certified that above information has been checked & filled up from service book of the official.

Place : _____ Signature of the authorized person
With office seal

Name : _____ Office of the _____
Address : _____