



Government of India
Ministry of Communications
Department of Telecommunications
Office of the Controller General of Communication Accounts
NICF Campus, Ghitorni, New Delhi-110047

No. 43-01-2019/Admn-VII /1519

Dated: 09/10/2019

OFFICE MEMORANDUM

Sub: Departmental Confirmatory Examination- 2019 for Junior Accountants recruited under DR Quota – reg.

The Competent Authority has directed to hold the Departmental Confirmatory Examination-2019 as per the following schedule:

1. SCHEDULE

NAME OF THE PAPER	TIME	DATE
Paper-I (Telecom Finance & E-governance in CCA offices)	0930 to 1230	13.01.2020 (Monday)
Paper- II (General Administration & Finance)	9:30 to 11:30	15.01.2020 (Wednesday)
Paper-III (Verbal Abilities & Quantitative Aptitude)	9:30 to 11:30	17.01.2020 (Friday)

- The specimen of application form to be filled in by the willing candidates and admit card to be issued by the Nodal officers to the eligible candidates with Roll No. on allotment by this office, are also enclosed. The list of eligible candidates may be sent to this office latest by 01.01.2020 for allotment of Roll number
- Other Terms & Conditions such as Syllabus, eligibility, age, number of chances, qualifying marks, exemptions, venue for conducting the examination, nodal officers and other activities will be as prescribed under DoT HQ notification No. 33-01/2017-R&E dated 09.03.2018 & 20.06.2018.
- The sealed packets of question papers will be dispatched through insured post to all the nodal officers not before 06.01.2020. The nodal officers will be solely responsible for the safe upkeeping of the question papers and the smooth conduction of the examination. The sealed packet of question papers will be opened in the presence of respective Nodal Officer, not before 20 minutes from the start of each paper.

Bijoy
10/10/19
AO
(SEA-III)

Contd.

5. The attendance sheets shall be sent to this office by 20.01.2020 through e-mail at anbalagan.siva@gov.in

Encl: A/a



(V.S Arvind)
(Dy. CGCA)

Phone:011-26501132

e-mail: anbalagan.siva@gov.in

Copy to:

1. All Pr. CCAs/CCAs/Jt.CCAs/DG, NICF/ADG (SEA), DoT HQ
- ✓ 2. Under Secretary, DoT HQ, for uploading the OM on DoT official website.
3. Jt. CGCA (IA &PG)/Jt. CGCA(BA & IT)/Jt. CGCA (Revenue)/Jt. CGCA(M&C)
4. AAO/Admin-III for uploading the OM on CGCA official website.
5. Office Copy

DEPARTMENT OF TELECOMMUNICATIONS



APPLICATION FORM

Departmental Confirmatory Examination for Junior Accountant-2019

1. Name of Applicant : Mr./Ms

FIRST NAME	MIDDLE NAME	SURNAME

2. Father's Name :Mr.

NAME	MIDDLE NAME	SURNAME

3. Date of Birth (DD/MM/YYYY)

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4. Gender :

Male Female

5. Category:

SC ST OBC Gen

6. Additional Category:

Ex-Serviceman PH

7. Educational qualification :

Graduation Post-Graduation Any other educational qualification

8. Date of Joining on appointment as JA in Department of Telecommunications

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9. Length of continuous service in JA Cadre as on 01.07.2019.

Year	Month	Day
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10. Name & Address of office:

11. Applicant's Address:

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Pin Code.....

12. Applicant's Contact details:

E-mail Address.....

Mobile No.

13. Medium of Examination (Tick the appropriate box):

Paper I:	Hindi	<input type="checkbox"/>	English	<input type="checkbox"/>
Paper II:	Hindi	<input type="checkbox"/>	English	<input type="checkbox"/>
Paper III:	Hindi	<input type="checkbox"/>	English	<input type="checkbox"/>

14. Exemption in Paper- I, II & III, if any in the last examination

15. Signature of the Candidate

.....

DECLARATION

I.....son/daughter/husband/wife of
do hereby declare that: information furnished above is true and correct to the best of my knowledge.

Date:

.....

Signature of the candidate

(For office use only)

ACKNOWLEDGEMENT SLIP

The Application Form for Departmental Confirmatory Examination 2019 for Junior Accountant – 2019
has been received from Shri/Ms..... Son/Daughter/Husband/Wife of
Shri/Ms

Date:

Sign of Head of Office/Unit
Seal of Head of Office /Unit

Department of Telecommunications

ADMIT CARD

Departmental Confirmatory Examination for
Junior Accountants - 2019

Affix Photo

(To be verified by
issuing authority)

Name of applicant

FIRST NAME					MIDDLE NAME						SURNAME							

Signature of the candidate in box

(For Office Use Only)

ROLL NO

Question Paper	Signature of the Candidate with Date (To be done only in the presence of invigilator in the Examination Hall)	Signature of the invigilator with date

Signature & Stamp of the Issuing Officer