# No.A-34012/3/2024/DP&AR(Exam) GOVERNMENT OF PUDUCHERRY DEPARTMENT OF PERSONNEL AND ADMINISTRATIVE REFORMS (PERSONNEL WING)

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Puducherry, dated: 20.09.2024.

#### I.D. NOTE / MEMORANDUM

Sub: Public Service – Conduct of **Accounts Test for Executive Officers** – Regarding.

Ref: 1. G.O.Ms.No.74, dated 30.08.1972 of the then Appointments Department, Pondicherry.

2. G.O.Ms.No.20/74-(Exam), dated 05.02.1974 of the General Administration Department (Examination Cell), Pondicherry.

3. G.O.Ms.No.52/74-(Exam), dated 01.06.1974 of the General Administration Department (Examination Cell), Pondicherry.

4. G.O.Rt.No.169/82-GAD (Exam) dated 23.11.1982 of the General Administration Department (Examination Cell), Pondicherry.

5. G.O.Ms.No.37/2017/DP&AR(Exam) dated 22.06.2017 of the Department of Personnel and Administrative Reforms (Personnel Wing), Puducherry.

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The **ACCOUNTS TEST FOR EXECUTIVE OFFICERS** as prescribed in the G.Os. cited is proposed to be conducted tentatively during the month of November, 2024.

- 2. The Heads of Departments / Offices are requested to bring the contents of this I.D.Note / Memorandum to the notice of all Officers / Staff concerned, including those working in Karaikal / Mahe / Yanam and also to those who are on deputation and to forward applications in the prescribed form (specimen enclosed) of Officers / Staff, who are willing and eligible to take-up the test, so as to reach this Department on or before 30.09.2024 after scrutiny. Applications received after the prescribed date will not be entertained on any account. Applications which are not in the prescribed form or which are found to be defective, will summarily be rejected.
- 3. Only those Officers / Staff for whom the test has been specifically prescribed and those in the feeder posts in the immediate line of promotion need apply, as per U.O. Note / Memorandum No.3-1/83-GAD (Exam), dated 04.07.1983.
- 4. The admission of the candidates to the test will be regulated in accordance with the orders contained in G.O.Ms.No.37, dated 15.04.1976 of the GAD, Pondicherry and G.O.Ms.No.16 dated 17.02.1999 of DP&AR (PW), Pondicherry.
- 5. Those who have already appeared for the test twice, except Scheduled Caste / Scheduled Tribe / Ex-Servicemen / Physically Handicapped candidates, should send with their applications an Indian Postal Orders for ₹ 10/- (Rupees ten only) drawn in favour of THE UNDER SECRETARY TO GOVERNMENT (DP&AR-EXAM), DEPARTMENT OF PERSONNEL AND ADMINISTRATIVE REFORMS (PERSONNEL WING), PUDUCHERRY (by designation only) payable at PUDUCHERRY as admission fee in accordance with the Government Orders cited at para 4 above, failing which their applications will summarily be rejected.
- 6. In case the official is transferred to other departments / any outlying region after the submission of application, the Department / Office where he / she has been transferred and also the Centre where he / she wants to take up the test should be intimated to this Department immediately. If any request for change of Centre is received after the dispatch of the Hall Ticket, the same will not be entertained.
- 7. The actual date, time and venue of the test will be intimated to the candidates in due course.
- 8. This I.D.Note/Memorandum and the Syllabus of the test has been hosted in the official website <a href="https://dpar.py.gov.in">https://dpar.py.gov.in</a> for reference.
- 9. The officials who applied earlier in response to this Department's I.D.Note / Memo. dated 09.01.2024 need not apply again.

// BY ORDER //

(V. JAISANKAR)
UNDER SECRETARY TO GOVERNMENT

Encl: As stated.

То

All Secretariat Departments.

All Heads of Departments / Offices, Puducherry (Excluding Judicial Department).

The Collector, Karaikal.

The Regional Administrator, Mahe / Yanam.

Last Date for submission of Application 30-09-2024

## APPLICATION FORM FOR ADMISSION TO **ACCOUNTS TEST FOR EXECUTIVE OFFICERS**

## **IMPORTANT NOTE:**

(i) No column should be left blank. (ii) Any omission will lead to summary rejection of the application and no correspondence will be entertained on this matter.

## (To be filled by the candidate's own handwriting)

| 1.    | i) Name of the candidate (In full and in <b>BLOCK CAPITAL</b> )                                   |                           |     |                            |
|-------|---|---------------------------|-----|----------------------------|
|       | ii) Candidate's PRAN / GPF Number   |                           | :   |                            |
|       | iii) Candidate's Mobile Number  |                           | ÷   |                            |
|       | iv) Candidate's e-mail Id   |                           |     |                            |
| 2.    | i) Designation  |                           |     |                            |
|       | ii) Present official address with Office  | Telephone Number          | :   |                            |
|       | iii) In case the official is on deputat   |                           | :   |                            |
|       | Department / Office from which<br>Telephone Number  | deputed with Office       |     |                            |
| 3.    | i) Post held (whether regular or ad-ho  | c hasis)                  |     |                            |
| ٥.    | ii) In case the candidate officiates in the   |                           |     |                            |
|       | ad-hoc basis, indicate whether he / post on regular basis   |                           | :   |                            |
| 4.    | Classification of the post  |                           | :   |                            |
| 5.    | <b>Educational Qualification</b>  |                           | :   |                            |
| 6.    | i) Whether the candidate belongs to   |                           |     |                            |
|       | Castes / Scheduled Tribes / Ex Serv<br>Handicapped (Answer <b>YES</b> or <b>NO</b> )              | ricemen / Physically      | :   |                            |
|       | ii) If <b>YES</b> , specify S.C. / S.T. / XSM / (   | O,H. / V.H. and should    |     |                            |
|       | enclose copy of relevant certificates (   |                           |     |                            |
|       | issued by the Revenue Authorities issued by the Medical Board).                                   | / Medical Certificate     |     |                            |
|       | The PwBD candidates who want to ava   | ail grant of extra time   | :   |                            |
|       | / provision of scribe facility to att   |                           |     |                            |
|       | enclose requisition letter stating reasonable the professor                                       | on for the same along     |     |                            |
| _     | with the proforma.  |                           |     |                            |
| 7.    | i) Date of Birth  | W                         | :   |                            |
|       | ii) Date of <u>initial appointment</u> with de  | signation                 | :   | Date :                     |
|       |   |                           |     | Designation:               |
| _     | iii) Date of appointment in the present   |                           | :   |                            |
| 3.    | <ul> <li>i) Whether appeared previously for the<br/>after 15-04-1976 alone need be tak</li> </ul> |                           |     |                            |
|       | (Answer YES or NO)  | err into account)         | •   |                            |
|       | ii) If <b>YES</b> , indicate the Number of atte   |                           |     |                            |
| 9.    | with particulars of date of conduct of  |                           | •   |                            |
| ۶.    | Fee paid, if any, vide Indian Postal Ord<br>Date and Amount                                       | der Number,               |     |                            |
| LO.   | Name of the Centre in which the candi   | date is to be             |     |                            |
|       | examined (PUDUCHERRY / KARAIKAL   | / MAHE / YANAM)           | :   |                            |
|       |   |                           |     |                            |
| Place |   |                           |     |                            |
| Date  | :   | SIGNAT                    | TUF | RE OF THE CANDIDATE        |
|       | (TO BE FILLED IN BY T   | HE HEAD OF DEPART         | 1E  | NT / OFFICE)               |
|       | Certified that the particulars fu   | rnished against item No   | 15  | 1 to 8 by Thiru/Tmt /Seivi |
|       | certified that the particulars ra   | moned agamst ream we      |     | _ (Name of the candidate)  |
|       |   |                           |     | _ (Name of the candidate)  |
|       |   | (Designa                  | tio | n) have been verified with |
| ref   | erence to the relevant records and four   | nd correct.               |     |                            |
|       | SIGNAT  | URE OF THE HEAD OF        |     |                            |
| Pla   | Place: DEPARTMENT / OFFICE  |                           |     | ¥,                         |
| Da    | te: NAME &  | DESIGNATION WITH S        | EΑ  | L :                        |
| No.   | te: Application from deputation staff shoul-  | d be routed through their | par | ent department only.       |