

**GOVERNMENT OF INDIA
OFFICE OF THE CONTROLLER OF ACCOUNTS
MINISTRY OF JAL SHAKTI
DEPARTMENT OF WATER RESOURCES RD & GR
DEPARTMENT OF DRINKING WATER & SANITATION
'C' WING, GROUND FLOOR
SHASTRI BHAWAN, NEW DELHI-110001
Tele/Fax – 011-23381913**

No. PAO/Admn/Consultant-DWS/2025-26/ 1939

Dated: 25 / 06 / 2025

CORRIGENDUM

Sub: Engagement of 02 retired CCAS officers (AAOs/AOs/Sr. AOs) as consultants for Internal Audit of Schemes of DoDWS , M/o Jal Shakti

In reference to this office circular No. PAO/Admn/Consultant-DWS/2025-26/935 dated 24th June 2025 regarding **engagement of 02 retired CCAS officers (AAOs/AOs/Sr. AOs) as Consultants for Internal Audit of Schemes of DoDWS, M/o Jal Shakti**, the following corrections and additions are hereby issued:

1. **Para 3 (Period of Engagement)** may be read as:

"Period of Engagement: From date of joining to 31st March 2026"

instead of

"Period of Engagement: Date of joining – 31st March 2026"

2. The **Annexure** (prescribed application format) which was inadvertently not attached with the earlier circular, is now enclosed with this corrigendum for necessary action by the applicants.

All other terms and conditions mentioned in the original circular remain unchanged.

Encl.: Annexure – Application Format

To,


Sr. Accounts Officer (Admn)

Senior Accounts Officer (ITD), O/o CGA with a request for publication on the website.

Application for the post of consultant for conducting scheme audit on contract basis in the Department of
Drinking Water and Sanitation. M/o Jal Shakti, New Delhi

Advertisement No. :

Name in full (in Block Letters) :

1. Father's / Husband's name :
2. Gender :
3. Date of Birth :
4. Age as on date of advertisement :
5. Present / Correspondence address :
6. Telephone / mobile / Email :
7. Permanent Address :
8. Educational Qualifications

Exams Passed	Name of the University	Year Passing	Subjects	Division	Percentage of marks obtained

9. Experience details of all previous and present employment:

Name of the Employer	Name of the post	Salary drawn	Period		Nature of duties performed
			From	To	

10. Date of retirement :

11. Last Pay Drawn :

12. Office Last attended :

13. Any other relevant information :

DECLARATION:

I solemnly declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that in the event of any information being found false OR incorrect / incomplete OR ineligibility being detected at any time before Or after Selection/ interview, my candidature is liable to be rejected and I shall be bound by the decision of the Department of Drinking Water and Sanitation, M/o Jal Shakti.

Signature
(Full name of the applicant)

Place :

Date: