



भारत सरकार  
GOVT. OF INDIA  
वित्त मंत्रालय, राजस्व विभाग  
MINISTRY OF FINANCE, DEPARTMENT OF REVENUE  
मुख्य आयुक्त का कार्यालय, सी.जी.एस.टी., केन्द्रीय उत्पाद वसीमा शुल्क, गुवाहाटी ज़ोन  
OFFICE OF THE CHIEF COMMISSIONER, CGST, CENTRAL EXCISE & CUSTOMS, GUWAHATI ZONE  
जी.एस.टी. भवन, ५, तला, केदार रोड, गुवाहाटी - 781001  
GST BHAWAN, 5<sup>th</sup> FLOOR, KEDAR ROAD, GUWAHATI-781001  
दूरभाष/Tel.Nos.0361-2735999, फैक्स /Fax nos.0361-2735979, ई-मेल/E-mail [cco-cgstguwahati@nic.in](mailto:cco-cgstguwahati@nic.in)/[ccgstner-cbic@gov.in](mailto:ccgstner-cbic@gov.in)

## CIRCULAR

**GCCO/II/(3)/198/2024-ADMN-O/o CC-CGST-ZONE-GUWAHATI**

*Dated, Guwahati the 18th of December, 2024*

***Sub: Calling for Options for Annual General Transfer 2025 in the grade of Superintendent, Inspector, Ministerial staff & H-Hav/Hav-reg.***

The Annual General Transfer for the year 2025 in different CGST & Customs formations under this Zone in respect of officers in all grades upto Group 'B' Gazetted is scheduled to be completed by March 2025 so as to enable issuance of Transfer Orders by the concerned Commissionerate on time as per Transfer Guidelines 2023 of CGST & Cx, Guwahati Zone.

In view of the above, Options/Representations are hereby called from all the concerned officers in the grade of ***Superintendent, Inspector, Ministerial staff & H-Hav/Hav*** and the same should be submitted to the respective controlling authorities **latest by 31.12.2024**. The controlling officer should verify the genuineness of the details before forwarding the said option/representation to this office.

Further, the concerned controlling authorities should send all the option forms, duly certified/verified so as to **reach this office latest by 15.01.2025**.

Accordingly, **all officers** in the grades mentioned above are requested to submit duly filled-in Option form (Annex-I). Options are to be invariably submitted even if retention is sought and duly forwarded to this office through the respective controlling officers. Efforts will be made to consider representations which are genuine, subject to availability of vacancies and DoPT Guidelines/O.M.

All options/representations are to be sent to the following email-ids:

**[cco-cgstguwahati@nic.in](mailto:cco-cgstguwahati@nic.in) with a copy to [etccoghy@gmail.com](mailto:etccoghy@gmail.com).**

However, in case of non-submission of option form by an officer a remark may be made in the forwarding letter while sending the option forms of the complete list of officers working under your control.

This is issued with the approval of the Chief Commissioner.

**Enclo: Annex-I**

**Signed by Chittaranjan  
Hazra**

**Date: 18-12-2024 13:25:49**  
(चित्त रंजन हाजरा / Chitta Ranjan Hazra)

**सहायक आयुक्त /Assistant Commissioner (CCO-CCA)**

*Copy forwarded for information and necessary action to:-*

1. The Sr. PS to the Chief Commissioner, CGST & Customs, Guwahati Zone.
2. The Pr. Commissioner/Commissioner, CGST&CX, Guwahati/Shillong/ Dibrugarh/ Agartala/ Aizawl/ Dimapur/ Imphal/ Itanagar.
3. The Commissioner (Appeals/Audit), Guwahati/Shillong,
4. The Commissioner, Customs (Prev.), NER, Shillong,
5. The Superintendent (Systems), CCO, Guwahati for *uploading the circular in the Departmental website*.
6. The President/General Secretary, Zonal Staff Associations (all), CGST & Customs, Guwahati Zone.

## ANNEXURE-I

### BIO DATA

Name of the Officer:	
Date of Birth:	
Hometown & State:	
DOJ in the Department:	
Present Grade:	
DOJ in the present Grade:	
Present Place of Posting:	

### **HISTORY OF POSTING** **(Designation-wise - Since joining in the Department)**

**Designation:** Superintendent / Inspector / Ministerial staff / H-Hav/Hav / Driver

<i>Sl. No.</i>	<i>Designation</i>	<i>Comm'te (mention GST/CX/CUS/ Audit/Appeals)</i>	<i>DOJ in Comm'te</i>	<i>HQ/ Division/ Circle</i>	<i>DOJ in HQ/Divn/ Circle</i>	<i>Unit</i>	<i>DOJ in Unit</i>	<i>Station</i>	<i>Additional Charge</i>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

**OPTION/PREFERENCE**  
**FOR STATION/COMMISSIONERATE**

Preference 1	
Preference 2	
Preference 3	

**If retention is desired, reasons thereof.**  
*(Enclose supporting documents as applicable)*

- 1.
- 2.
- 3.

**Any other requests / necessary details for submission:**

- 1.
- 2.
- 3.

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**DECLARATION**

*"I do hereby certify that the above particulars are correct and true to the best of my knowledge."*

(Signature of the Officer)

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**VERIFICATION**

It is certified that the above particulars have been verified from official records and found to be true.

Name of verifying Authority:\_\_\_\_\_

Designation:\_\_\_\_\_

Office Seal: \_\_\_\_\_

(Signature of the Head of the Office/Controlling Officer)

Office Seal: