



रक्षा लेखा नियंत्रक, उदयन विहार, नारंगी, गुवाहाटी-781171
Controller of Defence Accounts, Udayan Vihar, Narangi,
Guwahati-781171
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No. AN/1A/Trans/AAO/Vol-XXX

Date: 11.09.2018

To,

All Sections of Main Office CDA Guwahati (Through Website)
All Sub-offices under CDA Guwahati (Through Website)

Subject: Transfer: DAD Establishment- Station/Organisation Seniors among AAOs/SAS
App/Sup (A/Cs)

HQrs office vide their letter no AN/IX/9010/1/Sr. Out/10/2018 dated 30.08.2018 has requested to alert station seniors and organization seniors amongst AAOs/SAS App/ Sup (A/Cs) for a likely transfer by the end of academic year 2018-19.


Officers who are completing 10years of service or more as on 31.03.2019 are requested to furnish their service details along with choice station and complete service profile in the prescribed proforma attached as Annexure-A-2 to this letter. While filling up the prescribed proforma, the following criteria may kindly be observed

- i. Officers completed/ completing 56 years of age as on 31.03.2019 need not forward their names.
- ii. Roster no of the officers has to be furnished invariably in the prescribed proforma.
- iii. Officers seeking exemption as per the provisions of HQrs office transfer policy, are requested to submit supporting documents (specified certificates only) duly certified by AO (AN)/GO (AN) along with Annexure-A-2.
- iv. Officers who were earlier granted exemption from transfer/ deferment from ordered transfer by the HQrs office are requested to intimate the same by attaching supporting documents along with Annexure-A-2.

Name of the station senior/organization senior AAOs/SAS App/Sup (A/Cs) filled in the prescribed proforma in all respect may be forwarded to this office by FAX/E-Mail/By Hand so as to reach this office latest by **29.09.2018**.

GO(AN) has seen.

Enclosure: As Above


(Kamalendu Bhagabati)
Accounts Officer (AN)

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ANNEXURE - 'A-2' (Contd.)

14	Whether EDP trained (If yes, specify project)	
15	APAR GRADING	
16	BRIEF GROUNDS FOR EXEMPTION (If requesting and as per Transfer Policy)	
<i>Attach Latest Medical Certificate (NOT MEDICAL PRESCRIPTION) /Relevant certificate in other cases.</i>		
DETAIL OF CERTIFICATE		
ISSUING AUTHORITY		
ISSUE DATE		
GROUND MENTIONED IN CERTIFICATE		
NAME MENTIONED IN CERTIFICATE		
RELATION WITH EMPLOYEE		
PERIOD OF EXEMPTION REQUESTED		
PREVIOUS EXEMPTIONS (if any)		
17	UNDERTAKING I hereby certify that the information furnished above are correct.	
18	Date: _____ (SIGNATURE OF APPLICANT) (ALL COLUMN ARE MANDATORY AS PER APPLICABILITY)	
(To be filled by the Controller's office)		
19	RECOMMENDATION (Yes/No)	
20	REASON (If Not recommended)	
21	Whether any disciplinary case is pending against the individual:	
22	Date: _____ (SIGNATURE AND SEAL OF GO(AN))	

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