
	रक्षा लेखा नियंत्रक का कार्यालय, गुवाहाटी उदयन विहार, नारंगी, गुवाहाटी-781171. Controller of Defence Accounts, Udayan Vihar, Narangi, Guwahati-781171 Fax: 0361-26 40204, Phone: 0361-2640394, 2641142 e-mail: cdaguwadmin1a.dad@hub.nic.in	
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No.AN/1/12/AO/Vol-XLII

Dated: 21/02/2023

To

All Sub-Offices
All Sections in Main Office

(Through official website)

Subject: Repatriation of SAOs/AOs serving at Hard Stations/Tenure Stations.

HQrs Office letter No.AN/II/2153/Hard Tenure/Jan-June 2023, dated 20/02/2023, which is self-explanatory, is enclosed herewith.

The required report may please be forwarded to this office in Annexure-A (format enclosed) by 24/02/2023 through email (e-mail: cdaguwadmin1a.dad@hub.nic.in) for onward transmission to HQrs Office.


Nil report is also required.

Encl: As stated.

Copy to:-
The IT&SW
(Local)

Sd/-
(R N Sarkar) IDAS
Deputy Controller (Admin)

For uploading in the official website.


(Debabrata Das)
Sr. Accounts Officer (Admin)



“हर काम देश के नाम”
कार्यालय, रक्षा लेखा महानियंत्रक
OFFICE OF CONTROLLER GENERAL OF DEFENCE ACCOUNTS
उलान बटार मार्ग, पालम, दिल्ली छावनी -110010
ULAN BATAR MARG, PALAM, DELHI CANTT.-110010

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आज़ादी का
अमृत महोत्सव

Ph.No. 011-25665500/24674870

Fax: 25674806

Email: hqan2.cgda@gov.in

No. AN/II/2153/Hard Tenure/Jan-June 2023

Date :20.02.2023

To,

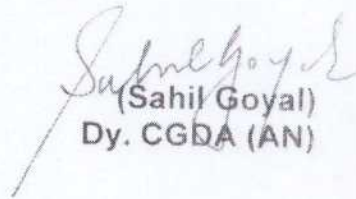
All PCsDA / PCA (Fys) / CsDA /IFAs

Subject : Repatriation of SAOs/AOs serving at Hard Stations/Tenure Stations.

It has been decided by the Competent Authority to call for details of SAOs / AOs posted at Hard Stations/Tenure Stations who having completed/are completing their prescribed tenure by 30.06.2023, so that repatriation of such officers to their choice stations may be carried out.

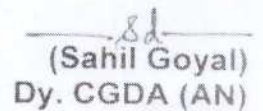
2. Accordingly, it is requested to examine and compile all such cases and forward the same along with 03 (Three) choice stations preferred by the officer so that necessary action to repatriate these officers may be taken by this HQrs Office. The requisite information may please be forwarded to this HQrs Office by 28.02.2023 positively.

3. Nil Report is also required.


(Sahil Goyal)
Dy. CGDA (AN)

Copy to -

IT & S Wing (Local) - For uploading on CGDA's website.


(Sahil Goyal)
Dy. CGDA (AN)

VOLUNTEER APPLICATION
(Original copy to be forwarded to HQrs.)

1	ACCOUNT NO					
2	GENDER (Male / Female)					
3	NAME					
4	CATEGORY (GENERAL/OBC/SC/ST/PH)					
5	GRADE (AAO/SO(A)/SAS(Appr)/SUPERVISION(A/c)/Sr. AUDITOR/AUDITOR/CLERK/PS/STENO/HL/IHL/DEO/LIBRARIAN/MTS/DRIVER)					
6	DATE OF BIRTH (DD/MM/YYYY)					
7	DATE OF APPOINTMENT (in DAD) (DD/MM/YYYY)					
8	DATE OF PROMOTION (DD/MM/YYYY) (As Group 'C' in r/o Staff & as SO(A) in r/o officers)					
9	ROSTER No. (Mandatory in case of AAO)					
10	Whether appearing in ensuing SAS Part-II (In case of Sr. Auds/Auditors/Clecks/Stenos/DEOs)					
11	HOME TOWN (Specific District as per Service Record & not Village or State)					
	If DAD office not available at Home town, nearest Station to Home town where DAD office is situated					
12	SERVICE PROFILE (In DAD)					
	Name of Office	Organisation	Whether Sensitive Assignment (Yes / No)	Station	From Date (dd/mm/yyy y)	To Date (dd/mm/yyy y)
13	CHOICE STATION (Station (NOT Office) where DAD offices are located and BHUTAN/ PORTBLAIR may not be opted as a separate panel exists for these stations)		First Preference			
			Second Preference			
			Third Preference			

14	Whether FDP trained (Yes/No) (If yes, specify project)		
15	APAR GRADING (Upto two decimal places)		
16	Brief Grounds for transfer:		
Attach latest Medical Certificate (NOT MEDICAL PRESCRIPTION & TEST REPORTS) in respect of medical cases and Service certificate showing Station & Department from the employer in case of spouse.			
17	UNDERTAKING		
It is to undertake that the information furnished above are correct.			
18	Date: ___/___/20___	(SIGNATURE OF APPLICANT)	
(ALL COLUMNS ARE MANDATORY AS PER APPLICABILITY)			
(To be filled by the Controller's office)			
19	GROUND FOR RECOMMENDATION (Hard Tenure Completion, Age, Physically Challenged %, Medical Self, Medical Dependent, Serving Spouse - As per DoPT Guideline, Lady Seeking Repatriation, Home Town, Stay Away)		
20	If Not recommended reason thereof	_____	
21	Whether any disciplinary case is pending against the individual.	_____	
22	Date: ___/___/20___	(SIGNATURE AND SEAL OF GO(AN))	