



सत्यमेव जयते

भारत सरकार, रक्षा मंत्रालय,
Government of India, Ministry of Defence,
रक्षा लेखा नियंत्रक, उद्यान विहार, नारंगी, गुवाहाटी-781171
Controller of Defence Accounts, Udyan Vihar, Narangi, Guwahati-781171
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AN/1A/01/CIRCULAR/Vol-X

Date: 27/11/2015.

To

- 1) All AAOs/SO(A)s of MO Guwahati
- 2) All Sub Offices

Subject: Transfer: DAD Establishment.
(Station/ Organization Senior: DAD AAOs/SO(A)s)

Reference: HQrs Office Letter No AN/IX/9010/1/Sr.Out/10/2015 dated 09/11/2015.

Please find enclosed a copy of HQrs letter cited under reference on the subject mentioned above. In this context it is requested to furnish required details in the Annexure- A/2 format enclosed herewith to this office latest by 30/11/2015 under following categories:

- (I) AAOs/SO(A)s posted in Guwahati/ Shillong since 01/04/2010.
- (II) AAOs/SO(A)s posted under:
 - (a) CDA Guwahati organization for 10 years or more as on 31.03.2015.
 - (b) Proforma control of CDA Guwahati organization for 10 years or more as on 31.03.2015 i.e, (i) IFA HQ (EAC), Shillong (ii) IFA HQ (EC), Kolkata

It is also informed by the HQrs. office that all the Organization Seniors and Station Seniors may please be alert that they are likely to be transferred out at the end of the current academic session.


(K. Lalbiakchhunga)
ACDA(AN)

Copy to:

EDP Centre (Local): for uploading on website

-sd-
(H B Dutta)
Sr. Accounts Officer (AN)

NO. AN/IX/9010/1/Sr. Out/10/2015

Dated: 09/11/2015

e) Details of station seniors in 'Annexure-E' who were exempted earlier and detail of station seniors seeking exemption in current yearly transfers may be furnished in 'Annexure-F'. It may please be ensured that in case name of any official is also included in 'Annexure-B/2', the SI.No. of 'Annexure-E & F', as the case may be, has been mentioned in remarks column of 'Annexure-B/2' for proper linking and to avoid any unwarranted transfer.

3. While forwarding the above Annexure, it may please be ensured that names of those officials who have completed/completing 56 years of age as on 31.03.2016 may not be included in the list of Station Senior/Organization senior.

4. If name of any of the official has been sponsored for deputation or other panel like Bhutan/Port Blair panel etc., as on the date of forwarding of list, the same should invariably be mentioned in the remarks column against the name of the official in Annexure- B/2. Besides, any subsequent change in status of official on any ground effecting decision related to his transfer may also be intimated.

5. It may please be ensured that the Roster No. of AAOs are invariably furnished in the list. The fact as to whether the AAOs belong to General or Reserved category may also be intimated. The date of promotion to the grade of SO(A) in respect of AAOs may invariably be indicated against each official.

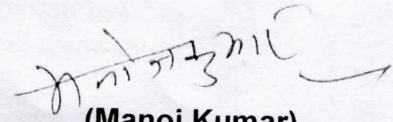
6. Officials seeking exemption as per provisions of the transfer policy may be advised to submit supporting documents (specific certificates only) duly certified by AO(AN)/GO(AN) along with 'Annexure-A/2' to enable this office to examine the requests for exemption from transfers. It may invariably be ensured that copies of prescriptions, X-ray/ Pathology Reports are not forwarded to this office.

7. Please furnish station wise authorized/posted strength of AAOs/SOs(A) as on 01.01.2016 taking into account retirements up to 31.03.2016.

8. All the Organization Seniors and Station Seniors may please be alerted and informed that they are likely to be transferred out at the end of the current academic session. It may also be noted that no internal rotation of officers within the organization is carried out after furnishing this report without prior concurrence of Hqrs office.

9. The report may kindly be furnished to this Hqrs by 30.11.2015 positively.

Encl:- As stated.



(Manoj Kumar)

Sr. Accounts Officer (AN)

FORMAT TO BE FILLED BY STATION SENIORS
(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(App)/SUPERVISOR(A/c)/Sr.AUDITOR/AUDITOR/CLERK)					
6	DATE OF BIRTH (DD/MM/YYYY)					
7	DATE OF APPOINTMENT (In DAD) (DD/MM/YYYY)					
8	DATE OF PROMOTION (As Group 'C' in r/o Staff & SO(A) in r/o officer)					
9	ROSTER No. & CATEGORY (Mandatory in case of AAO)					
10	Whether appearing in ensuing SAS Part-II (In case of Sr. Auds/Auditors/Clerks/Stenos/DEOs)					
11	HOME TOWN (Specific District as per Service Record Not Village or State)					
12	SERVICE PROFILE (In DAD)					
	Name of Office (Mention Sensitive assignment also)	Organisation	Whether on Sensitive Assignment (Yes / No)	Station	From Date (dd/mm/y yyy)	To Date (dd/mm/y yyy)
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				

ANNEXURE - 'A-2' (Contd.)

14	Whether EDP trained (If yes, specify project)																			
15	APAR GRADING	APAR I	APAR II	APAR III																
16	BRIEF GROUNDS FOR EXEMPTION (If requesting and as per Transfer Policy)	<p align="center"><i>Attach Latest Medical Certificate (NOT MEDICAL PRESCRIPTION) /Relevant certificate in other cases.</i></p> <table border="1"> <tr><td>DETAIL OF CERTIFICATE</td><td></td></tr> <tr><td>ISSUING AUTHORITY</td><td></td></tr> <tr><td>ISSUE DATE</td><td></td></tr> <tr><td>GROUND MENTIONED IN CERTIFICATE</td><td></td></tr> <tr><td>NAME MENTIONED IN CERTIFICATE</td><td></td></tr> <tr><td>RELATION WITH EMPLOYEE</td><td></td></tr> <tr><td>PERIOD OF EXEMPTION REQUESTED</td><td></td></tr> <tr><td>PREVIOUS EXEMPTIONS (if any)</td><td></td></tr> </table>			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)	
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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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