

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

- 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)

ANNEXURE - 'A-2'

FORMAT TO BE FILLED BY STATION SENIORS

(Original copy to be forwarded to HQrs.)

1	ACCOUNT NO		-				
2	GENDER (Male/Female)		141				
3	NAME						
4	CATEGORY (GENERAL/ORC/SC/ST/PH)						
5	GRADE (AAC/SO(A)/SAS(Appl/SUPERVISIOR(A/c)/Sr AUDITO	R/AUDITOR/CLERK)				
6	DATE OF BIRTH (DD/MM/YYYY)						
7	DATE OF APPOINTMENT (In DAD) (DD/MM/YYY	Υ)			C		
8	DATE OF PROMOTION (As Group 'C' in r/o Staff &	SO(A) in r/o offic	er)				
9	ROSTER No. & CATEGORY (Mandatory in case of A	MAO)					
10	Whether appearing in ensuing SAS Part-II Impasse of St. 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	Organisation	Whather on	Station	From Date	To Date	
	(Mention Sensitive assignment also)	organisation.	Sensitive Assignment (Yes / No)	Station	(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			· <u>u</u>	***************************************	

(N.)

ANNEXURE - 'A-2' (Contd.)

14	Whether EDP trained (If yes, specify project)						
15	APAR GRADING						
16	BRIEF GROUNDS FOR EXEMPTION	O-A-,					
	(If requesting and as per Transfer Policy)						
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	A -						
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	1						
	Attach Latest Medical Certificate (NOT MEDICAL PRESCRIPTION) /Relevant certificate in other cases.						
	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)						
4.7							
17	UNDERTAKING						
17	UNDERTAKING I hereby certify that the information furnished above are correct.						
17		and a superior control of the					
17 18		(SIGNATURE OF APPLICANT)					
	I hereby certify that the information furnished above are correct.	•					
	I hereby certify that the information furnished above are correct Date: (ALL COLUMN ARE MANDATORY AS PER APPLICATION)	•					
	I hereby certify that the information furnished above are correct. Date: (ALL COLUMN ARE MANDATORY AS PER APPLICATION OF THE PROPERTY OF T	•					
	I hereby certify that the information furnished above are correct Date: (ALL COLUMN ARE MANDATORY AS PER APPLICATION)	•					
18	I hereby certify that the information furnished above are correct. Date: (ALL COLUMN ARE MANDATORY AS PER APPLICATION OF THE PROPERTY OF T	•					
18	I hereby certify that the information furnished above are correct. Date: (ALL COLUMN ARE MANDATORY AS PER APPLICA (To be filled by the Controller's office) RECOMMENDATION (Yes/No) REASON (If Not recommended)	•					
18 19 20	I hereby certify that the information furnished above are correct. Date: (ALL COLUMN ARE MANDATORY AS PER APPLICATION (To be filled by the Controller's office) RECOMMENDATION (Yes/No)	•					

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