

रक्षा लेखा नियंत्रक का कार्यालय, गुवाहाटी उदयन विहार, नारंगी, गुवाहाटी- 781171
OFFICE OF THE CONTROLLER OF DEFENCE ACCOUNTS, GUWAHATI
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No.AN/1A/25/Trans/AAO/Vol-XXIX

Date: 21/09/2017

To

- 1) All AAOs in Main Office CDA Guwahati
- 2) All AAOs in sub-offices under CDA Guwahati (including IFAs)

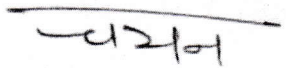
Subject: Transfer: DAD Estt: Furnishing of choice station: AAOs

Reference: HQrs office letter No. AN/X/10050/10/2017 dated 15/09/2017

HQrs office vide their letter No. cited above has directed to alert the organization senior in respect of AAOs who have completed/are going to complete 10 years as on 31/03/2018 in CDA Guwahati organisation or in IFA offices under the proforma strength of CDA Guwahati. The affected AAOs are requested to forward their choice stations as per "Annexure B-2", Annexure "C" and "Annexure-F" (wherever applicable) so as to reach this office by 20/10/2017.

It is also intimated that wherever exemption is desired on education ground necessary school certificate may be attached.

Enclosures: Annexures- "B-2", "C" and "F"


(Chayan Das)
Sr.AO(AN)

Copy to:

EDP Cell : For uploading on CDA Guwahati website

Sd/-
(Chayan Das)
Sr.AO(AN)

ANNEXURE - 'B-2'

Name of Station Seniors From the Organisation -

SL NO	ACCOUNT NO	GENDER (M-Male F-Female)	NAME	CATEGORY	GRADE	Date of Birth (dd/mm/yyyy)	Date of Appointment (dd/mm/yyyy)	HOME TOWN (District only)	STATION where Serving
1	2	3	4	5	6	7	8	9	10

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ANNEXURE - 'B-2' (Contd.)

SERVING DATE (dd/mm/yyyy)	CHOICE1	CHOICE2	CHOICE3	EDP (Y'-Yes / 'N'- No)	Whether appeari ng in ensuing SAS Part II	APAR			RECOMMEN DATION (Y-Yes, N-No)	REASON (If Not recommen ed.)	RECOMMENDED FOR EXEMPTION INCLUDED IN ANNEXURE 'D' AT SL NO	Remarks (Detail whether volunteered for any other Panel/HYL)
						APAR1	APAR2	APAR3				
11	12	13	14	15	16	17	18	19	20	21	22	23

Date:

(SIGNATURE AND SEAL OF G.O.(AN))

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ANNEXURE - 'F' (Contd.)

GROUND FOR EXEMPTION (as per Transfer Policy) (AGE - Above 56 Years, PC - Physically Challenged (above 50%), 'MED.SELF', 'MED.DEP.', 'SINGLE PARENT', 'EDUCATION-X/XII')	CERTIFICATE ATTACHED (Yes / No) (Whether Latest Medical / Single Parent / Education Certificate)	PERIOD OF EXEMPTIO N REQUESTE D (3/6/9/12 Months)	PREVIOUS GROUND FOR EXEMPTIO N	EXEMPTED UPTO (dd/mm/yy)	APPLICATI ON ATTACHE D	RECOMM ENDATION (Y-Yes, N-No, C- Condition all)	REASON (if No/Condit ional, than reason there of - 'Short Stay', 'Substitute Required', 'Pending Disciplinar y Case')	RECOMM ENDATION FOR EXEMPTIO N (Yes / No)
20	21	22	23	24	25	26	27	28

Date: _____

(SIGNATURE AND SEAL OF G.O. (AN))

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Name of Station Seniors From the Organisation - seeking exemption

SL NO	ACCOUNT NO	SEX (M-Male F-Female)	NAME	GRADE	DOB Date of Birth (dd/mm/y yy)	DOA Date of Appointm ent (dd/mm/y yy)	HOME TOWN (District only)	STATION where Serving	OFFICE	SERVING DATE (dd/mm/y yy)
1	2	3	4	5	6	7	8	9	10	11

(15)