

रक्षा लेखा नियंत्रक का कार्यालय, गुवाहाटी  
उदयन विहार, नारंगी, गुवाहाटी- 781171  
OFFICE OF THE CONTROLLER OF DEFENCE ACCOUNTS, GUWAHATI  
UDAYAN VIHAR, NARANGI, GUWAHATI-781171

AN/1A/2085/Volunteer/Vol-XIV

Date : 04/04/2016

To

1. All Sections of Main Office Guwahati.
2. All Sub-offices under CDA Guwahati (including IFAs)

**Subject: Transfer Estt DAD : Port Blair (Volunteers list for Port Blair 2016-17).**

\*\*\*\*\*

HQrs Office, Delhi Cantt. has called for volunteers amongst SA/Auditors/Clerks vide their letter No. AN/X/10092/6/2016/PB dated 28/03/2016 for posting to Port Blair on the following criteria:

a. He/She should have completed minimum 02 years in the serving station and 03 years for new recruits are eligible to volunteer.

b. The applicant should have residual service of at least 02 years at the time of selection. The individual selected for posting to Port Blair will be repatriated to one of their choice stations on completion of the prescribed tenure.

c. The full service particulars of the volunteers along with ACR grading for the last three years and other details may be forwarded in the enclosed Annexure 'A-1' and Annexure 'B-1'.

d. In case the individual have applied for transfer to some other station in the volunteers list, an endorsement may please be made against his name in the list.

**Individuals who once apply for the panel will not be allowed to withdraw during the validity of the panel unless there are compelling medical/personal reasons forwarded by the Controller under DO with due recommendations and clearly bringing out the genuineness of the case supported with relevant document/certificate. Further, requests for cancellation will not be entertained after issue of transfer order.**

It is, therefore, requested to furnish the names of willing SA/Auditor/Clerks in the enclosed Annexure to this office by FAX latest by 22/04/2016 to enable this office to send a consolidated report to HQrs office.


'Nil' report is also required.

Enclosure : Annexure 'A-1' & 'B-1'

—sd—  
(H B Dutta)  
SAO (Admin)

Copy to:-

1. The Officer in-Charge : For uploading in the CDA Guwahati website  
(EDP Section)

  
(H B Dutta)  
SAO (Admin)

**VOLUNTEER APPLICATION**

(Original copy to be forwarded to HQrs.)

1	<b>ACCOUNT NO</b>					
2	<b>GENDER (Male / Female)</b>					
3	<b>NAME</b>					
4	<b>CATEGORY (GENERAL/OBC/SC/ST/PH)</b>					
5	<b>GRADE</b> (AAO/SO(A)/SAS(App)/SUPERVISOR(A/c)/Sr.AUDITOR/AUDITOR/CLERK/PS/STENO/HT/JHT/DEO/LIBRARIAN/MTS/DRIVER)					
6	<b>DATE OF BIRTH (DD/MM/YYYY)</b>					
7	<b>DATE OF APPOINTMENT (in DAD) (DD/MM/YYYY)</b>					
8	<b>DATE OF PROMOTION (DD/MM/YYYY)</b> (As Group 'C' in r/o Staff & as SO(A) in r/o officers)					
9	<b>ROSTER No.</b> (Mandatory in case of AAO)					
10	<b>Whether appearing in ensuing SAS Part-II</b> (in case of Sr. Auds/Auditors/Clerks/Stenos/DEOs)					
11	<b>HOME TOWN</b> (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	<b>SERVICE PROFILE (In DAD)</b>					
	<b>Name of Office</b>	<b>Organisation</b>	<b>Whether Sensitive Assignment (Yes / No)</b>	<b>Station</b>	<b>From Date (dd/mm/yyyy)</b>	<b>To Date (dd/mm/yyyy)</b>
13	<b>CHOICE STATION</b> (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			

①

Total 16 Pages



Annexure 'A-1' (contd)

14	Whether EDP trained (Yes/No) (If yes, specify project)			
15	<b>APAR GRADING</b> (Upto two decimal places)	APAR1	APAR2	APAR3
16	<b>Brief Grounds for transfer:</b>			
<p><i>Attach latest Medical Certificate (NOT MEDICAL PRESCRIPTION &amp; TEST REPORTS) in respect of medical cases and Service certificate showing Station &amp; Department from the employer in case of spouse.</i></p>				
17	<b>UNDERTAKING</b>			
	It is to undertake that the information furnished above are correct.			
18	Date: ___/___/20___	(SIGNATURE OF APPLICANT)		
<b>(ALL COLUMNS ARE MANDATORY AS PER APPLICABILITY)</b>				
<b>(To be filled by the Controller's office)</b>				
19	<b>GROUND FOR RECOMMENDATION</b> (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))		

**Name of Volunteersn from the Organisation -**

**Annexure 'B-1'**

SL NO	ACCOUNT NO	GENDER (M-Male F-Female)	NAME	CATEGORY	GRADE	DOB Date of Birth (dd/mm/yyyy)	DOA Date of Appointment (dd/mm/yyyy)	HOME TOWN (as per Srl. 9 of Annexure A)
1	2	3	4	5	6	7	8	9

5

**Annexure 'B-1' (contd)**

STATION where Serving	SERVING DATE (dd/mm/yyyy)	Stay away DATE from choice1 (dd/mm/yyyy)	CHOICE1	CHOICE2	CHOICE3	EDP ( 'Y'-Yes / 'N'-No)	Whether appearin g in ensuing SAS Part- II	APAR1	APAR2	APAR3
								(Upto two decimal number)		
10	11	12	13	14	15	16	17	18	19	20

⑥

**Annexure 'B-1' (contd)**

GROUND (('Tenure'- Hard Tenure Completion, 'AGE'- Above 58 years, 'PC'- Physically Challenged (above 50%), 'MED. SELF'- Medical Self, 'MED. DEP' - Medical Dependent, 'SPOSE'- As per DoPT Guideline, 'LADY', 'HOME TOWN', STAY AWAY')	CERTIFICATE ATTACHED (Yes / No) (Whether latest Medical Certificate (NOT A MEDICAL PRESCRIPTION)/ Spouse service Certificate attached	RECOMMENDATI ON (Y-Yes, N-No)	REASON, If not recommended reason thereof-	Remarks (Detail whether volunteered for any other Panel/HYL)
21	22	23	24	25