

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/2085/Volunteer/Vol-XIV

दिनांक/Dated : 04/04/2016

To

1. All sections in Main Office
2. All Sub-offices under CDA Guwahati.

Subject:- Volunteers for Northern Region.

It has been decided by the HQrs Office, Delhi Cantt. vide their letter No.0600 /AN-X/ Volunteer/2015 dated 01/04/2016 to call for volunteers amongst AAOs /SAs /Auds /Clks /MTS for posting to centrally controlled stations of Northern Region viz. Bhadarwah, Kargil, Leh, Poonch, Rajouri & Srinagar.

The applicant should have completed minimum 03 years at the present serving station. The applicant should have residual service of at least 02 years at the time of selection.

Individuals, who once apply for the panel will not be allowed to withdraw during the validity of the panel unless there are pressing medical/personal reasons. Requests for cancellation will not be entertained after issue of transfer order.

It is therefore, requested to furnish the names of the volunteers amongst the AAOs /SAs /Auds /Clks /MTS in the enclosed pro-forma so as to reach this office latest by 22/04/2016 to enable this office to send a consolidated report to HQrs office.

'NIL' report is also required.

Encl: Proforma (Annexure 'A-1','B-1' and 'C')

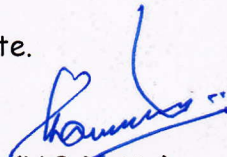
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(H B Dutta)

Sr. Accounts Officer(Admin)

Copy to:-

1. EDP Cell (Local) : For uploading in CDA Guwahati website.


(H B Dutta)

Sr. Accounts Officer(Admin)

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(App)/SUPERVISOR(A/c)/Sr.AUDITOR/AUDITOR/CLERK/PS/STENO/HT/JHT/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/Clerks/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/yyyy)	To Date (dd/mm/yyyy)
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			

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Total 16 Pages

Annexure 'A-1' (contd)

14	Whether EDP trained (Yes/No) (If yes, specify project)			
15	APAR GRADING (Upto two decimal places)	APAR1	APAR2	APAR3
16	Brief Grounds for transfer:			
<i>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.</i>				
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))		

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

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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

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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

SERVICE PROFILE OF THE INDIVIDUALS

ACCOUNT NO	GRADE	OFFICE	ORGANISATION	STATION	FROM DATE (dd/mm/yyyy)	TO DATE (dd/mm/yy yy)	DEPUTA TION