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No. AN/I/77/Chd/Vol.XVI

Dated:08/01/2015

To

The JCDA (BR)
Chandigarh

Subject: Transfer DAD Establishment : Station Senior of Northern Region.

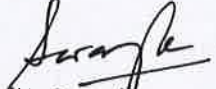
Ref: HQrs office letters No. 0600/AN-X/NR-Stn.- Seniors/2015 dated 06.01.2015

HQrs office vide letters No. cited at reference has called for the names of stations senior prior to 01.01.2008 at stations located in J&K region other than the six centrally controlled station of Northern Region i.e. Leh/Sringagar/ Rajouri/ Bhadarwah/ Poonch/Kargil with the following stipulation. Posting to six centrally controlled stations of Northern Region is to be met out of the station seniors posted in J&K region.

1. Name of ladies, Physically Challenged and officials above 54 years of age as on 31.03.2015 may be excluded.
2. Station Seniority may be reckoned as per the direction contained in HQrs circular dated 26.02.1983 (copy enclosed).
3. The individuals whose names are forwarded may be alerted for posting to centrally controlled stations of J&K Region.

It is requested to forward original application of all the station seniors as per Annexure 'A-2' only along with connected data in Annexure B-2, Annexure C, Annexure D, Annexure E & Annexue F by 19.01.2015. Annexure B-2 and C containing individual details and service profile resepectively, may also kindly be forwarded in MS Office Excel through Email please.

Encls.:- As stated


(K. Swami)
AO (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	APAR1	APAR2	APAR3
16	BRIEF GROUNDS FOR EXEMPTION (If requesting and as per Transfer Policy)			
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)				
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))		

Name of Station Seniors From the Organisation -

ANNEXURE - 'B-2'

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

8

ANNEXURE - 'B-2' (Contd.)

SERVING DATE (dd/mm/yyyy)	CHOICE1	CHOICE2	CHOICE3	EDP (Y'-Yes / 'N'- No)	Whether appeari ng in SAS Part II	APAR (Upto two decimal number)			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.(ANI))

9

ANNEXURE - 'D'

Name of Officials From the Organisation - _____
whose Transfer Order have been DEFERRED

SL NO	ACCOUNT NO	GENDER (M-Male F-Female)	NAME	GRADE	STATION where Serving	TRANSFER ORDER LETTER NO.
1	2	3	4	5	9	10

(11)

ANNEXURE - 'D' (Contd.)

TRANSFER ORDER LETTER DATE	STATION TRANSFERRED TO	GROUND FOR DEFERREMENT	DEFERREMENT LETTER NO	DEFERREMENT DATE	DEFERRED UP TO
11	12	13	14	15	16

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

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Name of Station/Organisation Seniors From the Organisation -

ANNEXURE - 'E'
already EXEMPTED

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

13

ANNEXURE - 'E' (Contd.)

GROUND MENTIONED IN CERTIFICATE	NAME MENTIONED IN CERTIFICATE	RELATION WITH EMPLOYEE	CERTIFICATE DATE	CERTIFICATE ISSUED BY	PERIOD OF EXEMPTION REQUESTED	PREVIOUS GROUND FOR EXEMPTION	EXEMPTED UPTO (dd/mm/yyyy)	RECOMMENDATION FOR EXEMPTION (Yes / No)	Remarks (Detail whether volunteered for any other Panel/HVL)
11	12	13	14	15	16	17	18	19	20

Date: _____

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

14

ANNEXURE - 'F'

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)

ANNEXURE - 'F' (Contd.)

GROUND FOR EXEMPTION (as per Transfer Policy) (AGE: Above 56 Years, 'P'-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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