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**PRINCIPAL CONTROLLER OF DEFENCE ACCOUNTS (BR), SEEMA SADAK**  
**BHAWAN, RING ROAD, NARAINADELHI CANTT.- 110010**  
**दूरभाष संख्या (Ph.No.)-011-25690985 (FAX)- 011-25690984**

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

Dated : 08/01/2015

To

1. The CDA (BR) Guwahati
2. The JCDA (BR) Chandigarh
3. The PAO (GREF) Pune
4. The IFA (BR) Delhi Cantt.
5. All Section in Main Office

Subject: Transfer DAD Establishment : Volunteer for Northern Region.

Ref: HQrs office letters No. 0600/AN-X/Volunteer/2015 dated 06.01.2015.

HQrs office vide letters No. cited at reference has invited application of volunteers from amongst AAOs/Sr. Auditor/Auditors /Clks/MTS, who have completed minimum 03 years at the present stations, for posting to the six centrally controlled stations of Northern Region i.e Leh/Sringagar/ Rajouri/ Bhadarwah/ Poonch/Kargil.


In view of the above, details of volunteers in Annexure 'A-1' of HQrs circular dated 08.08.2014 may please be obtained. The officials may also be informed that only those, who will be having a residual service of at least 02 years at the time of selection, will be considered for posting to the Northern Region. In case, the applicant has applied for transfer to some other station through the volunteer list/panel an endorsement may be made against his name in the remarks column of Annexure 'B-1'.

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

It is further requested to forward the original application of all the volunteers as per Annexure 'A-1' only along with connected data in Annexure 'B-1' by 19.01.2015 Annexure B-1 and C containing individual details & service profile may also be forwarded in MS Office Excel through Email.

Nil report is also required.

Encls.:- As stated

  
(K. Swami)  
AO (AN)

**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 (AAO/SO(A)/SAS(App)/SUPERVISOR(A/c)/Sr.AUDITOR/AUDITOR/CLERK/PS/STENO/HT/JHT/DEO/LIBRARIAN/MTS/DRIVER)</b>					
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)		<b>First Preference</b>			
			<b>Second Preference</b>			
			<b>Third Preference</b>			

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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>          <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>			
17	<b><u>UNDERTAKING</u></b> It is to undertake that the information furnished above are correct.			
18	Date: ___/___/20___	<b>(SIGNATURE OF APPLICANT)</b>		
<b>(ALL COLUMNS ARE MANDATORY AS PER APPLICABILITY)</b>				
<p><u>(To be filled by the Controller's office)</u></p>				
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	<b>Whether any disciplinary case is pending against the Individual.</b>			
22	Date: ___/___/20___	<b>(SIGNATURE AND SEAL OF GO(AN))</b>		

**Name of Volunteers 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

**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 & 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)	RECOMMENDATION (Y-Yes, N-No)	REASON, If not recommended reason thereof-	Remarks (Detail whether volunteered for any other Panel/HYL)
21	22	23	24	25

**Annexure 'C'**

**SERVICE PROFILE OF THE INDIVIDUALS**

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