

**VOLUNTEER APPLICATION**

(Original copy to be forwarded to HQrs.)

1	<b>ACCOUNT NO</b>					
2	<b>GENDER</b> (Male / Female)					
3	<b>NAME</b>					
4	<b>CATEGORY</b> (GENERAL/OBC/SC/ST/PH)					
5	<b>GRADE</b> (AAO/SO(A)/SAS(App)/SUPERVISOR(A/c)/Sr.AUDITOR/AUDITOR/CLERK/PS/STENO/HT/IHT/DEO/LIBRARIAN/MTS/DRIVER)					
6	<b>DATE OF BIRTH</b> (DD/MM/YYYY)					
7	<b>DATE OF APPOINTMENT (in DAD)</b> (DD/MM/YYYY)					
8	<b>DATE OF PROMOTION</b> (DD/MM/YYYY) (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</b> (Yes / No)	<b>Station</b>	<b>From Date</b> (dd/mm/yyyy)	<b>To Date</b> (dd/mm/yyyy)
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			

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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>	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>		
<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>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))		

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