

To

कार्यालय, रक्षा लेखा नियंत्रक, नं. 1, स्टाफ रोड, सिकंदराबाद – 500009 OFFICE OF THE CONTROLLER OF DEFENCE ACCOUNTS No.1, STAFF ROAD, SECUNDERABAD-500009 दूरभाष/IELE: 040-27847957 EX: 315 फैक्स/FAX:040-27810499



ई-मेल/Email: secd-ansn-cda@nic.in

NO.AN/I/1005/Volunteers-Port Blair / 2023

Dated: 28.02.2023

(CIRCULAR THROUGH WEBSITE)

1.The Jt.CDA I/c, PAO(ORs)EME, Sec'bad.

2. The DCDA I/c, AAO(Army) Vizag.

3.The DCDA I/c, PAO(ORs)AOC, Sec'bad.

4.All Sections in Main Office.

5.All sub-offices located at :

Secunderabad/Hyderabad/Eddumailaram/Suryalanka/Bapatala/Tirupathi

Sub: Transfer Estt-DAD: Volunteers to Port Blair.

HQrs. Office has invited application of volunteers amongst Sr.Aud's/Auditors/Clerks for Port Blair vide letter No. AN/X10092/6/2023/PB dated 27.02.2023 and the **same may be downloaded from HQrs. Office Website.** Individuals should have completed minimum 02 years in the serving station and for a new recruit, he/she should have completed 03 years stay at their initial place of posting.

The full service particulars of the volunteers and other details may be forwarded as per the enclosed Annexure 'A-1'. The individuals may be informed that only those who will have residual service of at least 02 years at the time of selection will be considered for posting to Port Blair and will be repatriated to one of their three choice stations on completion of the prescribed tenure.

In case individual has also applied for transfer to some other station in the volunteer list, an endorsement may please be made against his/her name in the list.

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

The original application of all the volunteers (Two copies) strictly as per Annexure 'A-1' should reach this office positively by $\underline{02-03-2023}$ for onward transmission to HQrs Office.

NIL report is also required.

Sd/-**(S Vatsala)** Dy. Controller (AN)

Encls: As above.

Copy to: The IT Section, Local

For uploading the same in the website

(K. Ramakrishna)

Accounts Officer (AN)

Annexure 'A-1'

VOLUNTEER APPLICATION

(Original copy to be forwarded to HQrs.)

						I
1	ACCOUNT NO					
2	GENDER (Male / Female)					
3	NAME					
4	CATEGORY (GENERAL/OBC/SC/ST/PH)					
5	GRADE (AAO/SO(A)/SAS(App)/SUPERVISIOR(A/c)/SI.AUDITOR/AUDITOR/CLERK/PS/STENO/HT/JHT/ DEO/LIBRARIAN/MTS/DRIVER)				ang an	
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)		····	1	From Date	To Date
	Name of Office	Organisation	Whether Sensitive	Station	1	(dd/mm/yyy
			Assignment (Yes / No)		Y)	y)
			Assignment		1	1.
			Assignment		1	1.
			Assignment		1	1.
			Assignment		1	1.
			Assignment		1	1.
			Assignment		1	1.
			Assignment		1	1.
			Assignment		1	1.
			Assignment		1	1.
13	CHOICE STATION	First Preference	Assignment (Yes / No)		1	1.
13	(Station (NOT Office)where DAD offices are located and BHUTAN/ PORTBLAIF	Second Prefer	Assignment (Yes / No)		1	1.
13	(Chatian INOT Office) where DAD office	Second Prefer	Assignment (Yes / No)		1	1.

1 Total 16 Pages

14	Whether EDP trained (Yes/No) (If yes, specify project)							
15	APAR GRADING (Upto two decimal places)		<u>e.</u> t.	άβ ε.··				
16	Brief Grounds for tranfer:		nganana t i an ara na					
	Attach lotest MedicalCertificate (NOT MEDICAL PRESCRIPTION & TEST REPORT certificate showing Station & Department from the employer in case of spouse		medical case	es and Service				
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)								
19	(To be filled by the Controller's office) 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))							

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