

हर काम देश के नाम

कार्यालय, रक्षा लेखा नियंत्रक, नं.।, स्टाफ रोड, सिकंदराबाद – 500 009 OFFICE OF THE CONTROLLER OF DEFENCE ACCOUNTS No.1 STAFF ROAD, SECUNDERABAD-500 009



TELEPHONE No. 040-27843385, FAX No. 040-27810499

No. AN/1/1004/AAO-Staff/2023/Orgn & Stn Srs

Dated: 09.11.2023

To

- 1. The Jt. CGDA I/c, IT & SDC, Sec'bad.
- 2. The Jt. CDA I/c, PAO (ORs) EME, Sec'bad.
- 3. The DCDA I/c, AAO (Army) Vizag.
- 4. The DCDA I/c, PAO (ORs) AOC, Sec'bad.
- 5. The All Group Officers (Local).
- 6. Sub-Offices concerned.

Sub: Transfer Establishment: DAD – AAOs & Staff – Station/Organisation Seniors.

** ** **

Hqrs Office vide Lr. No. AN/IX/9011/Station Seniors/AAOs & Staff, dt. 07.11.2023 has called for the details of Station Seniors / Organisation Seniors in respect of AAOs & Staff [Senior Auditors/Auditors/Clerks] serving under CDA Secunderabad Organisation as per the details mentioned below:

- 1. <u>Station Seniors (AAOs)</u>:- who are completing three years at station as on 31.12.2023.
- 2. <u>Organization Seniors (AAOs)</u>:- who are completing <u>five years</u> in the Organisation as on 31.12.2023.
- 3. <u>Station Seniors (Sr. Auditors/Auditors/Clerks)</u>:- who are completing <u>five years</u> at station as on 31.12.2023.
- Organization Seniors (Sr. Auditors/Auditors/Clerks):- who are completing <u>seven years</u> in the Organization as on 31.12.2023.

Accordingly, the AAOs & Staff members, serving in your Office/Group, who are covered under the above mentioned criteria may be alerted and informed that they may be transferred out by the end of the current academic session and directed to submit their applications in the **Annexure-'A-2'** (copy enclosed) for posting to choice station / exemption etc., if any <u>in duplicate</u>. It may also be clarified that they may be transferred to other than their choice station, as per administrative requirement.

The above requisite information/applications may be forwarded to AN-I Section, so as to reach **positively** by **22.11,2023** for onward transmission to Hqrs Office.

Sd/-(M Subhash Kumar) ACDA (AN)

Encl: as above.

Copy to:

The Officer I/c, IT Section (local): for uploading on website please.

(K Ramakrishna) SAO (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 (Gen/OBC/SC/ST/PH)							
5	GRADE	BBC/SC/ST/PH) D/MM/YYYY) MENT (YYYY ION D Staff & SO(A) in r/o of Officer) EGORY Of AAO) g in ensuing SAS Part-II cific District as per Service Record ate) IN DAD) Whether on sensitive assign- ment Station From Date dd/mm/yyyy dd/mm/yyyy						
6	DATE OF BIRTH (DD/MM	(Male/Female) RY (Gen/OBC/SC/ST/PH) BIRTH (DD/MM/YYYY) APPOINTMENT DD/MM/YYYY PROMOTION o 'C' in r/o Staff & SO(A) in r/o of Office No. & CATEGORY ory in case of AAO) appearing in ensuing SAS Part-II of Staff) DWN (Specific District as per Service Recollage or State) PROFILE (IN DAD) Whet on sensitive ament also) Whet on sensitive assig mer						
7	DATE OF APPOINTMENT (In DAD) DD/MM/YYYY		90					
8	DATE OF PROMOTION (As Group 'C' in r/o Staff & SO(A) in r/o of Officer)							
9	ROSTER No. & CATEGORY (mandatory in case of AAO)							
10								
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	on sensit assig	ive n- nt	Station			
					Đ.			
13	(Station (NOT Office) where DAD offices are				Preference			
					nd Preference			
			d Preference					

14	Whether EDP trained (if yes, specify project)							
15	APAR GRADING	2019-20	2020-21	2021-22				
16	BRIEF GROUNDS FOR EXEMPTION (If requesting a	nd as per Trans	sfer policy)					
	Attach latest Medical Certificate (NOT MEDICAL PR	RESCRIPTION)/I	Relevant certificat	e 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							
	Date: (SIGNATURE OF APPLICANT)							
	(ALL COLUMNS ARE MANDATORY AS PER APPLICABILITY)							
	(To be filled by the Controller's Office)							
18	RECOMMENDATION (Yes/No)							
19	REASON (if not recommended)		X					
20	Whether any disciplinary case is pending against individual	the						

SIGNATURE & SEAL OF GO (AN)

Date: