

CIRCULAR



OFFICE OF THE CONTROLLER OF DEFENCE ACCOUNTS

No.1, STAFF ROAD, SECUNDERABAD-500009

TELE: 040-27843385

FAX:040-27817275

No.AN/1/1005/Hly.10.2015/Volunteers

Date: 01.09.2015.

TO

All Sections of Main Office
All Sub-Offices under CDA Secunderabad

Sub :- Half Yearly volunteers for transfer to choice stations / Inter Commands.

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The details of volunteers [**Group-B officer & Group C staff**] for the **Half year ending 31.10.2015** for transfer to their choice stations / inter command transfers, serving in your office may please be forwarded to this office in duplicate, on the prescribed format enclosed along with necessary declarations so as to reach this office **on or before 28.09.2015**. The volunteers may please be advised to apply on the prescribed format enclosed Annexure-A1.

2. While forwarding the applications, the following guidelines may be kept in view:-
 - a) Applications in respect of officers/staff who have not completed two years in the station are not to be entertained/forwarded.
 - b) The list in respect of staff & officers should be sent separately.
 - c) New recruits / individuals joined through SSC/IDT, who have not completed 3 years (male) and 2 years (female) in the station are not to be entertained.
 - d) Individuals requesting for transfer to offices of other command within the same station (including ladies) should be above 55 years of age, the distance between the present office and the office being asked for should not be less than 20 KMs and should have completed 3 years of service in the present office.
3. For each half year, a fresh list of volunteers among Officers and Staff will be prepared and sent to HQrs. office even though their names forwarded in earlier half yearly report.
4. While sponsoring the names to main office, specific recommendation of the I/c of the Sub-offices may invariably be indicated.
5. Applications received after 28/09/2015 may not be forwarded.

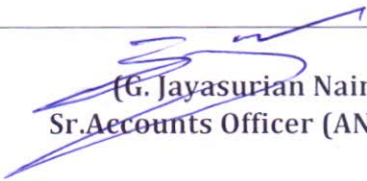

(B. Bala Jawahar)
Asst. Controller (AN)

Encls: As above.

Copy to:

✓ The EDP Centre
Local

For uploading please.


(G. Jayasurian Nair)
Sr.Accounts Officer (AN)

VOLUNTEER APPLICATION

(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/PS/STENO/HT/JHT/DEO/LIBRARIAN/MTS/DRIVER)					
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)					
	Name of Office	Organisation	Whether Sensitive Assignment (Yes / No)	Station	From Date (dd/mm/yyyy)	To Date (dd/mm/yyyy)
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			

14	Whether EDP trained (Yes/No) (If yes, specify project)			
15	APAR GRADING (Upto two decimal places)			
16	Brief Grounds for transfer:			
<i>Attach latest Medical Certificate (NOT MEDICAL PRESCRIPTION & TEST REPORTS) in respect of medical cases and Service certificate showing Station & Department from the employer in case of spouse.</i>				
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)				
<u>(To be filled by the Controller's office)</u>				
19	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))		