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TOP PRIORITY/BY FAX & SPEED POST



**OFFICE OF THE CONTROLLER OF DEFENCE ACCOUNTS
No.1, STAFF ROAD, SECUNDERABAD-500009**

TELE: 040-27843385

FAX:040-27810499

No. AN/1/1004/AAO/2017/ORGN SRs

Date: 05.10.2017

To

1. The CDA, IT&SDC, Secunderabad
2. The Addl. CDA I/c, PAO (Ors) EME, Secunderabad
3. The ACDA I/c, PAO (Ors) AOC, Secunderabad
4. The GO (IFA & Medical Sn)
5. The AO GE (S), Secunderabad

Sub: Transfer DAD Estt : Organisation Seniors – AAOs.

Hqrs. has called for the names/details of AAOs who have been serving in this organisation, including IFA offices under proforma strength, for the last 10 years as on 31.03.2018 and directed to alert them for transfer. Accordingly, the AAOs as per the list enclosed who are serving in your office/group are covered under the above mentioned criteria.

It is therefore, requested to issue alert notices to the above officers at your end and also inform them that they are likely to be transferred out at the end of current academic session. As desired by the HQrs office the above mentioned Officers may also be directed to fill the **Annexure-'A-2'** circulated vide HQrs circular no. AN/X/10050/10/2014 dt 08.08.2014 **in duplicate**. The same may be forwarded to this Office.

Officers seeking exemption as per provisions of the transfer policy may be advised to submit the specific certificates (wherever exemption is desired on education ground necessary school certificate may be attached) as supporting documents, duly certified by SAO/AO (AN) of the sub-office alongwith '**Annexure-'A-2'**' to enable HQrs office to examine the requests for exemption from transfers. It may be invariably ensured that copies of Prescriptions/X-rays/Pathological reports are not forwarded.

The above requisite information/documents may be forwarded to this office so as to reach **positively** by **20.10.2017** for our further necessary action.

CDA has approved.

Encl: as above.

Copy to :

EDP Centre (local) : for uploading on website pl.

B. Siva
DCDA (AN)

sdh
SAO (AN)

NOMINAL ROLL OF AAOs SERVING IN THE ORGANISATION FOR THE LAST 10 YEARS AS ON 31-03-2018

Sl.No	A/c No	Name - S/Shri/Smt/Ms/Kum	Office	Orgn Dt
1	8325684	C V SHARADA (MS)	PAO (ORS) EME	18-May-89
2	8321463	K RAMA DEVI (Smt)	IT &SDC, SECUNDERABAD	23-Sep-02
3	8336642	T VANAJA	IT &SDC, SECUNDERABAD	10-Feb-03
4	8321460	N RAVI PRASAD YADAV	PAO (ORS) AOC	24-Apr-06
5	8335540	A S KRISHNA DEVARAYULU	AAO BSO (S)	26-Oct-06
6	8336948	PARTHA GHOSH	IT &SDC, SECUNDERABAD	16-Mar-07
7	8336707	G SAIDESH	MO	09-May-07
8	8334057	S KRISHNA KISHORE	PAO (ORS) EME	13-Nov-07
9	8336312	V ANIL KUMAR	PAO (ORS) EME	28-Dec-07
10	8336288	V R C KUMAR	MO	28-Dec-07


20/07

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					
6	DATE OF BIRTH (DD/MM/YYYY)					
7	DATE OF APPOINTMENT (In DAD) DD/MM/YYYY					
8	DATE OF PROMOTION AS SO (A)					
9	ROSTER No. & CATEGORY (mandatory)					
10	HOME TOWN (Specific District as per Service Record & Not Village or State)					
11	SERVICE PROFILE (IN DAD)					
	Name of Office (mention Sensitive assignment also)	Organisation	Whether on sensitive assignment (Yes/No)	Station	From Date dd/mm/yy yy	To Date dd/mm/yy yy
12	CHOICE STATION (Station (NOT Office) where DAD offices are located and BHUTAN/PORT BLAIR may not be opted as a separate panel exists for these stations)			First Preference		
				Second Preference		
				Third Preference		

13	Whether EDP trained (if yes, specify project)			
14	APAR GRADING	2011-12	2012-13	2013-14
15	BRIEF GROUNDS FOR EXEMPTION (If requesting and as per Transfer policy)			
	<i>Attach latest Medical Certificate (NOT MEDICAL PRESCRIPTION)/Relevant certificate in other cases.</i>			
	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)			
16	<u>UNDERTAKING</u> 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)			
17	RECOMMENDATION (Yes/No)			
18	REASON (if not recommended)			
19	Whether any disciplinary case is pending against the individual			

GO (AN)