

CIRCULAR



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

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NO.AN/I/1005/VOLUNTEERS/2016

Dated: 05.05.2016

To

The IT&SDC ,Secunderabad
All Sections of Main Office
All Sub Offices under CDA Secunderabad

Sub :Transfer Estt-DAD: Port Blair (Volunteers list for Panel 2016-17 amongst MTS)

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HQrs have called for volunteers amongst MTS who 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 for empanelment for Port Blair.

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 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 applies for the panel will not be allowed to withdraw during the validity of the panel unless there are compelling medical/personal reasons. Requests for cancellation will not be entertained after issue of transfer order.

The report should reach this office positively by **23 -05 -2016.**

NIL report is also required.

Sd/-

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

Encls: As above.

Copy to:

The EDP Centre Local	For uploading please.
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R-ch-Sexm W
Sr.Accounts Officer (AN)

14	Whether EDP transfer: 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			
I do hereby undertake that the information furnished above are correct.				
18	Date: ___/___/20___	(SIGNATURE OF APPLICANT)		
[ALL COLUMNS ARE MANDATORY AS PER APPLICABILITY]				
(To be filled by the Controller's office)				
19	GROUND FOR RECOMMENDATION Home Town Completion, Age, Physically Challenged %, Medical Self, Medical Dependent, Serving Spouse - As per DoPT Guideline, Law Seeking Repatriation, Home Town, Stay Away.			
20	Not recommended reason thereof	_____		
21	Whether any disciplinary case is pending against the individual.	_____		
22	Date: ___/___/20___	(SIGNATURE AND SEAL OF GO(AN))		