

CIRCULAR



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

TELE: 040-27843385

FAX:040-27817275

NO.AN/I/1005/VOLUNTEERS/2015

Dated: 17 .04.2015

To

All Sections of Main Office
All Sub Offices under CDA Secunderabad

Sub : Transfer Estt-DAD: Port Blair (Panel 2015-16).

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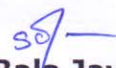
HQrs have called for volunteers amongst SAs/Auditors/Clerks who have completed minimum 02 years in the serving station and for a new recruit , he/she should have completed 03 years stay at their initial place of posting for empanelment for Port Blair.

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 **07-05-2015.**

NIL report is also required.


(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)

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 (Up to two decimal places)	2011-12	2012-13	2013-14
16	Brief Grounds for transfer:			

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.

17	<u>UNDERTAKING:</u> It is to undertake that the information furnished above are correct
18	Date: ___ / ___ / 2015.
(SIGNATURE OF THE APPLICANT)	
(ALL COLUMNS ARE MANDATORY AS PER APPLICABILITY)	