

OFFICE OF THE CONTROLLER OF DEFENCE ACCOUNTS NO.1 STAFF ROAD, SECUNDERABAD-500 009 TELEPHONE NO.040-27843385, FAX NO.040-27817275

(Through Website)



No.AN/I/1005/Volunteers/NR/2021

Dated: 10.03.2021

To

- 1. The DCDA I/c, PAO(ORs)EME, Sec'bad.
- 2. The Group Officers (local).
- 3. The ACDA I/c, AAO(Army) Visakhapatnam.
- 4.. The ACDA I/c, PAO(ORs)AOC, Sec'bad.
- 5. All Sections in Main Office.
- 6. All sub-offices located at Secunderabad/Hyderabad/Eddumailaram/Suryalanka.

Subject: Transfer Estt-DAD: Volunteer for Northern Region.

HQrs Office has called for volunteers amongst **Sr.Adrs/Auditors/Clks/MTSs** who have completed minimum 03 years at the present serving station, for posting to the six centrally controlled stations of Northern Region viz., Bhadarwah, Kargil, Leh, Poonch, Rajouri& Srinagar vide Lr.No. 0600/AN/Estt-Other/Tenure/2021/Vol.II/volunteers Dated 08.03.2021.

The Applications from the volunteers may be forwarded as per the enclosed Annexure 'A-1'. The individuals may be informed that only those who will be having residual service of at least 02 years at the time of posting will be considered for posting to the Northern Region.

HQrs. Office has further directed to intimate that the individuals, who once apply for the panel, will not be allowed to withdraw during the validity of the panel unless there are pressing medical/personal reasons. Requests for cancellation will not be entertained after issue of transfer orders.

The Applications of the volunteers should reach this office positively by **16-03-2021** for onward transmission to HQrs office.

NIL report is also required.

Sd/-(S VATSALA) Asst. Controller (AN)

Copy to:

The IT Section, Local -

For uploading the same in the website.

(M.V. SUBRAHMANYAM) Sr. Accounts Officer (AN)

VOLUNTEER APPLICATION

(Original copy to be forwarded to HQrs.)

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2	GENDER (Male / Female)			_	· ····································	The second secon		
3	NAME		***					
4	CATEGORY (GENERAL/OBC/SC/ST/PH)	And the second s	Over the American Control of the Con					
5	GRADE (AAO/SO(A)/SAS(ADD)/SUPERVISIOR(A/C)/S/AUDITOR/A		A CONTRACTOR OF THE STATE OF TH	A SPACE AS THE SECOND STATE OF THE SECOND SE				
6	DATE OF BIRTH (DD/MM/YYYY)				CO-CONTROL MATERIAL M	www.w.w.		
7	DATE OF APPOINTMENT (in DAD) (DD/A	AM/YYYY)				and the state of t		
8	DATE OF PROMOTION (DD/MM/YYYY) (As Group 'C' in r/o Staff & as SO(A) in r/o office		Могат об нашения помента пред 16 гр байна с городи совай ветения деную.			and the second s		
9	ROSTER No. (Mandatory in case of AAO)				and the state of t	and the second section of the s		
. 10	Whether appearing in ensuing SAS Par (in case of Sr. Auds/Auditors/Clerks/Stenos/DEOs)	t-11			dalpers may me describe the second se	Armon of a contraction of the co		
11	HOME TOWN (Specific District as per Service Record 8	k not Village or St	ate)					
	If DAD office not available at Home tow where DAD office is situated		**************************************	matik s. V de enderen (miliosophiseer seden desenmente geb. ye				
12	SERVICE PROFILE (In DAD)							
	Name of Office	Organisation	Whether Sensitive Assignment (Yes / No)	Station	From Date (dd/mm/yyy y)	To Date (dd/mm/yyy y)		
o compression de la compression della compressio								
(S	CHOICE STATION Station (NOT Office) where DAD offices are located and BHUTAN/ PORTBLAIR hay not be opted as a separate panel xists for these stations)	C 10 1						
e	xists for these stations)	Third Preference		44 - 44 - 44 - 44 - 44 - 44 - 44 - 44		W total		

	1	
Total	16	Pages

14	Whether EDP trained (Yes/No) (If yes, specify project)					
15	APAR GRADING (Upto two decimal places)					
16	Brief Grounds for tranfer:					
	Account of the second of the s					
	Attach latest MedicalCertificate (NOT MEDICAL PRESCRIPTION & TEST REPORT: certificate showing Station & Department from the employer in case of spouse.	5) in respect of me	edical cases and	d Service		
17	UNDERTAKING			***************************************		
	It is to undertake that the information furnished above are correct.					
18	Date:	(SIGNATURE OF APPLICANT)				
	(ALL COLUMNS ARE MANDATORY AS PER APPLICA	BILITY)				
	(To be filled by the Controller's office)					
19	GROUND FOR RECOMMENDATION (Hard Tradition Completion Area Sharefully Classification Area Sha					
	(Hard Tenure Completion, Age, Physically Challenged %, Medical Self, Medical Dependent, Serving Spouse - As per DoPT Guideline, Lady					
	Seeking Repatriation, Home Town, Stay Away)					
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2.3.7	If Not recommended reason thereof			1000		
		4	**************************************			
21	Whether any disciplinary case is pending against the	The second secon	And the second s			
	individual.					
		- www.vv.maaaallabillaa		W 1000 thr 1000		
22	Date://20 (SIGNATURE A	IND SEAL OF CO	MANIN	***************************************		
	Date:					

