



कार्यालय, रक्षा लेखा नियंत्रक  
**OFFICE OF THE CONTROLLER OF DEFENCE ACCOUNTS**

नं. 1, स्टाफ रोड, सिकंदराबाद - 500 009

**No.1, STAFF ROAD, SECUNDERABAD-500009**

दूरभाष/ TELE: 040-27843385 फैक्स/FAX:040-27810499



NO.AN/I/1005/Volunteers-Port Blair /2021

Dated: 28.07.2021.

To

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

**Sub : Transfer Estt-DAD: Volunteers to Port Blair.**

**-oOo-**

HQrs has invited application of volunteers amongst Sr.Aud's/Auditors/Clerks for Port Blair vide letter No. AN(Estt. Others)/10092/6/2021/PB dated 26.07.2021 and **the same may be downloaded from HQrs Website**. Individuals should 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.

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 three 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 apply for volunteer for Port Blair, will not be allowed to withdraw during the validity of volunteer list unless there are compelling medical/personal reasons. Requests for cancellation will not be entertained after issue of transfer order.

The original application of all the volunteers (Two copies) strictly as per Annexure 'A-1' should reach this office positively by **10-08-2021** for onward transmission to HQrs Office.

**NIL** report is also required.

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

Encls: As above.

Copy to:

The IT Section, Local - For uploading the same in the website.

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

**VOLUNTEER APPLICATION**  
(Original copy to be forwarded to HQrs.)

1	<b>ACCOUNT NO</b>					
2	<b>GENDER (Male / Female)</b>					
3	<b>NAME</b>					
4	<b>CATEGORY (GENERAL/OBC/SC/ST/PH)</b>					
5	<b>GRADE (AAO/SO(A)/SAS(App)/SUPERVISOR(A/C)/Sr.AUDITOR/AUDITOR/CLERK/PS/STENO/HT/JHT/DEO/LIBRARIAN/MTS/DRIVER)</b>					
6	<b>DATE OF BIRTH (DD/MM/YYYY)</b>					
7	<b>DATE OF APPOINTMENT (in DAD) (DD/MM/YYYY)</b>					
8	<b>DATE OF PROMOTION (DD/MM/YYYY)</b> (As Group 'C' in r/o Staff & as SO(A) in r/o officers)					
9	<b>ROSTER No.</b> (Mandatory in case of AAO)					
10	<b>Whether appearing in ensuing SAS Part-II</b> (in case of Sr. Auds/Auditors/Clerks/Stenos/DEOs)					
11	<b>HOME TOWN</b> (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	<b>SERVICE PROFILE (In DAD)</b>					
	<b>Name of Office</b>	<b>Organisation</b>	<b>Whether Sensitive Assignment (Yes / No)</b>	<b>Station</b>	<b>From Date (dd/mm/yyyy)</b>	<b>To Date (dd/mm/yyyy)</b>
13	<b>CHOICE STATION</b> (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			

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 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	<b>UNDERTAKING</b>		
It is to undertake that the information furnished above are correct.			
18	Date: ___/___/20___	(SIGNATURE OF APPLICANT)	
<b>(ALL COLUMNS ARE MANDATORY AS PER APPLICABILITY)</b>			
<b>(To be filled by the Controller's office)</b>			
19	<b>GROUND FOR RECOMMENDATION</b> (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))	