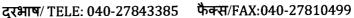
कार्यालय, रक्षा लेखा नियंत्रक

OFFICE OF THE CONTROLLER OF DEFENCE ACCOUNTS

नं. 1, स्टाफ रोड, सिकंदराबाद - 500 009

No.1, STAFF ROAD, SECUNDERABAD-500009



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.

-000-

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 <u>10-08-2021</u> 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 -

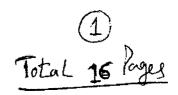
For uploading the same in the website.

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

VOLUNTEER APPLICATION

(Original copy to be forwarded to HQrs.)

1	ACCOUNT NO					
2	GENDER (Male / Fernale)					
3	NAME					
4	CATEGORY (GENERAL/OBC/SC/ST/PH)					
5	GRADE (AAO/SO(A)/SAS(App)/SUPERVISIOR(A/G)/S/.AUDITOR/AUDITOR/CLERK/PS/STENO/HT/JHT/ DEO/LIURARIAN/MTS/DRIVER)					н
6	DATE OF BIRTH (DD/MM/YYYY)					
7	DATE OF APPOINTMENT (in DAD) (DD/MM/YYYY)					
8	DATE OF PROMOTION (DD/MM/YYYY) (As Group 'C' in r/o Staff & as SO(A) in r/o officers)				and the state of t	
9	ROSTER No. (Mandatory in case of AAO)				and the second s	
10	Whether appearing in ensuing SAS Part-II (in case of Sr. Auds/Auditors/Clerks/Stenos/DEOs)	-				
11	HOME TOWN (Specific District as per Service Record & ne		and the second s			
	If DAD office not available at Home town, r where DAD office is situated			(************************************		
12	SERVICE PROFILE (In DAD)				——————————————————————————————————————	To Date
	Name of Office	Organisation	Whether	Station		(dd/mm/yyy
,			Sensitive Assignment (Yes / No)		y) (aa/mm/yyy	y)
,			Assignment		1	1.
			Assignment		1	1.
,			Assignment		1	1.
,			Assignment		1	1.
			Assignment		1	1.
			Assignment		1	1.
			Assignment		1	1.
			Assignment		1	1.
			Assignment		1	1.
13	CHOICE STATION (Station (NOT Office) where DAD offices	First Preference	Assignment (Yes / No)		1	1.
13	(Station (NOT Office)where DAD offices are located and BHUTAN/ PORTBLAIR	Second Prefer	Assignment (Yes / No)		1	1.
13	Isharian INOT Office bybare DAD offices	Second Prefer	Assignment (Yes / No)		1	1.



14	Whether EDP trained (Yes/No) (If yes, specify project)						
15	APAR GRADING (Upto two decimal places)		F.C.	益學 切了。			
16	Brief Grounds for tranfer:						
				×			
			•				
	Attach lotest MedicalCertificate (NOT MEDICAL PRESCRIPTION & TEST REPORT	S) in respect of	medical cases	and Service			
-	certificate showing Station & Department from the employer in case of spouse						
17	UNDERTAKING						
	It is to undertake that the information furnished above are correct.						
18	Date://20	(SIGNATUR	E OF APPLICA	ANT)			
	(ALL COLUMNS ARE MANDATORY AS PER APPLIC	ABILITY)					
	(To be filled by the Controller's office)						
19	GROUND FOR RECOMMENDATION						
·	(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		- AVA #3				
20	II MOCTECOMMENDED TESSON DIETEO			-			
21	Whether any disciplinary case is pending against the						
	individual.						
22	Date://20 (SIGNATURE AND SEAL OF GO(AN))						

(2)