



सत्यमेव जयते

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

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NO.AN/I/1005/VOLUNTEERS

Dated: 02 -04-2019

To

The CDA , IT&SDC Secunderabad

All Sections of Main Office

All Sub Offices under CDA Secunderabad

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

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HQrs have called for volunteers amongst AAOs/Sr.Auds/Auditors/Clerks/MTS 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.

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 be having residual service of at least 02 years at the time of selection, will be considered for posting to the Northern Region. In case, the applicant has also applied for transfer to some other station in the volunteer list/panel, an endorsement may be made against his/her name in the remarks column of Annexure ' B -1(copy enclosed).

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 order.

The report should reach this office positively by **10 -04-2019.**
NIL report is also required.

Sd/-

Dy.Controller (AN)

Copy to:

The EDP Centre, Local

- For uploading the same in the website.

(L Padmapani)

Sr. Accounts Officer (AN)

14	Whether EDP trained (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 It is to 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 (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))	

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