

**CIRCULAR**



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

फैक्स/FAX :040-27817275



No.AN/I/1005/Yly Volunteers /2017

Date: 02/05.06.2017.

TO

All Sections of Main Office  
All Sub-Offices under CDA Secunderabad

**Sub :- Yearly volunteers for transfer to choice stations / Inter Commands.**

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The details of volunteers [Group-B officer & Group C staff] for the **Year ending 31.08.2017** for transfer to their choice stations / inter command transfers, serving in your office may please be forwarded to this office in duplicate, on the prescribed format enclosed along with necessary declarations so as to reach this office **on or before 30.06.2017**.

The volunteers up to the grade of AAOs may please be advised to apply on the prescribed format enclosed **Annexure-A1 in duplicate** and SAO/AO/SPS/Asst Director(OL) may please be advised to apply on the prescribed format in duplicate enclosed proforma at **Page:4**.

2. While forwarding the applications, the following guidelines may be kept in view:-
  - a) Applications in respect of officers/staff who have not completed two years in the station are not to be entertained/forwarded.
  - b) The list in respect of staff & officers should be sent separately.
  - c) New recruits / individuals joined through SSC/IDT, who have not completed 3 years (male) and 2 years (female) in the station are not to be entertained.
  - d) Individuals requesting for transfer to offices of other command within the same station (including ladies) should be above 55 years of age, the distance between the present office and the office being asked for should not be less than 20 KMs and should have completed 3 years of service in the present office.
3. While sponsoring the names to main office, specific recommendation of the i/c of the Sub-offices may invariably be indicated.
4. Applications received after **30/06/2017** may not be forwarded.

DY. CONTROLLER(AN)

Encls: As above.

Copy to:

|                      |                       |
|----------------------|-----------------------|
| The EDP Centre,Local | For uploading please. |
|----------------------|-----------------------|

SR.ACCOUNTS OFFICER(AN)

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

|    |   |                     |   |                |                                  |                                |
|----|---|---------------------|---|----------------|----------------------------------|--------------------------------|
| 1  | <b>ACCOUNT NO</b>   |                     |   |                |                                  |                                |
| 2  | <b>GENDER</b> (Male / Female)   |                     |   |                |                                  |                                |
| 3  | <b>NAME</b>   |                     |   |                |                                  |                                |
| 4  | <b>CATEGORY</b> (GENERAL/OBC/SC/ST/PH)  |                     |   |                |                                  |                                |
| 5  | <b>GRADE</b> (AAO/SO(A)/SAS(App)/SUPERVISOR(A/C)/Sr. AUDITOR/AUDITOR/CLERK/PS/STENO/HT/IHT/DEO/LIBRARIAN/MTS/DRIVER)  |                     |   |                |                                  |                                |
| 6  | <b>DATE OF BIRTH</b> (DD/MM/YYYY)   |                     |   |                |                                  |                                |
| 7  | <b>DATE OF APPOINTMENT (in DAD)</b> (DD/MM/YYYY)  |                     |   |                |                                  |                                |
| 8  | <b>DATE OF PROMOTION</b> (DD/MM/YYYY)<br>(As Group 'C' in r/o Staff & as SO(A) in r/o officers)   |                     |   |                |                                  |                                |
| 9  | <b>ROSTER No.</b><br>(Mandatory in case of AAO)   |                     |   |                |                                  |                                |
| 10 | <b>Whether appearing in ensuing SAS Part-II</b><br>(in case of Sr. Auds/Auditors/Clerks/Stenos/DEOs)  |                     |   |                |                                  |                                |
| 11 | <b>HOME TOWN</b><br>(Specific District as per Service Record & not Village or State)<br>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</b><br>(Yes / No) | <b>Station</b> | <b>From Date</b><br>(dd/mm/yyyy) | <b>To Date</b><br>(dd/mm/yyyy) |
|    |   |                     |   |                |                                  |                                |
|    |   |                     |   |                |                                  |                                |
|    |   |                     |   |                |                                  |                                |
|    |   |                     |   |                |                                  |                                |
|    |   |                     |   |                |                                  |                                |
|    |   |                     |   |                |                                  |                                |
|    |   |                     |   |                |                                  |                                |
|    |   |                     |   |                |                                  |                                |
|    |   |                     |   |                |                                  |                                |
|    |   |                     |   |                |                                  |                                |
|    |   |                     |   |                |                                  |                                |
|    |   |                     |   |                |                                  |                                |
|    |   |                     |   |                |                                  |                                |
|    |   |                     |   |                |                                  |                                |
| 13 | <b>CHOICE STATION</b><br>(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                                  |                |                                  |                                |

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Total 16 Pages

|  |  |                                |         |         |
|--|--|--------------------------------|---------|---------|
| 14   | Whether EDP trained (Yes/No) (If yes, specify project)   |                                |         |         |
| 15   | APAR GRADING<br>(Upto two decimal places)  | 2013-14                        | 2014-15 | 2015-16 |
| 16   | Brief Grounds for transfer:  |                                |         |         |
| <i>Attach latest Medical Certificate (NOT MEDICAL PRESCRIPTION &amp; TEST REPORTS) in respect of medical cases and Service certificate showing Station &amp; Department from the employer in case of spouse.</i> |  |                                |         |         |
| 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><br>(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)) |         |         |

Proforma for Volunteer List- Sr. AO/AO/SPS/Asst. Director (OL).

| Sl No. | Name | Date of Birth | Grade | Account No. | Date of Appointment | Office where serving | Organization | Date of Promotion to AO's grade |
|--------|------|---------------|-------|-------------|---------------------|----------------------|--------------|---------------------------------|
| 1      | 2    | 3             | 4     | 5           | 6                   | 7                    | 8            | 9                               |

| Whether EDP trained (Yes/No) | Home town | If DAD office not available at home town, nearest Station to home town where DAD office exist | APAR Gradings of last 3 years | Station Seniority | First Choice Station | Second Choice Station | Third Choice Station | State/Own |
|------------------------------|-----------|---|-------------------------------|-------------------|----------------------|-----------------------|----------------------|-----------|
| 10                           | 11        | 12  | 13                            | 14                | 15                   | 16                    | 17                   | 18        |

| Station Served | From Date | To Date | Physically handicapped (Yes/No) | Disciplinary Case pending (Yes/No) | Spouse working (Yes/No) | Grounds for Transfer | Recommendation of PCsDA/CsDA (Reasons for not recommending must be provided) |
|----------------|-----------|---------|---------------------------------|------------------------------------|-------------------------|----------------------|--|
| 19             | 20        | 21      | 22                              | 23                                 | 24                      | 25                   | 26   |

- Necessary certificates wherever required may be furnished.
- Station means station where DAD office exist.