URGENT / THROUGH WEBSITE



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



No. AN/I/1003/SAOs/AOs/2019/Alert

Date: 29.11.2019

To

- 1. The CDA IT & SDC, Secunderabad.
- 2. The DCDA I/c, AAO (Army), Vizag.
- 3. The ACDA I/c, PAO (ORs) EME, Secunderabad.
- 4. The ACDA I/c, PAO (ORs) AOC, Secunderabad.
- 5. The RAO (MES) Secunderabad.
- 6. All SAOs / AOs in Main Office.
- 7. All Sub-Offices in Secunderabad / Vizag.

Sub: Alert Notices: SAOs/AOs

Hqrs. Office has directed to alert the Organization Senior SAOs / AOs who have completed 7 years or more as on 31.03.2020 and / or Station Senior SAOs / AOs who have completed 5 years or more as on 31.03.2020 keeping in view receipt of large numbers of inter-command transfer requests serving at various stations to their choice stations through Annual Volunteer List 2019-20.

Accordingly, the SAOs / AOs who are serving in your office / group and are covered under the above mentioned criteria may be directed to submit their applications in the **Annexure-'A-2'** (copy enclosed) circulated vide HQrs circular no. AN/II/2153/Transfer /Station Senior, dt 20.11.2019 **in duplicate.** The same may be forwarded to this Office.

Officers seeking exemption as per provisions of the transfer policy may be advised to submit supporting documents (specific certificates only) duly certified by AO(AN)/GO(AN) along with **Annexure-'A-2'** to enable HQrs office to examine the requests for exemption from transfers. It may be invariably ensured that copies of Prescriptions/X-rays/Pathological reports are not forwarded.

All the Organisation/Station Seniors may please be alerted and informed that they are likely to be transferred out at the end of the current academic session.

The above requisite information / documents may be forwarded to this office so as to reach **positively** by **10.12.2019** for further necessary action.

CDA has seen.

(S Vatsala) ACDA (AN)

Copy to:

The Officer I/c, IT Section (local)

: for uploading on website please.

(L Padmapani) SAO (AN)

FORMAT TO BE FILLED BY STATION SENIORS

(Original copy to be forwarded to HQrs.)

1	ACCOUNT NO	**				
2	GENDER (Male/Female)					
3	NAME					
4	CATEGORY (GENERAL/OBC/SC/ST/PH)					
5	GRADE (SAO/AO)				-	
6	DATE OF BIRTH (DD/MM/YYYY)					
7	DATE OF APPOINTMENT (In DAD) (DD/MM/YYYY)					
8	DATE OF PROMOTION (AS AO/SAO)					
9	ROSTER No. & CATEGORY					
10	Whether any deputation served (if yes-details)					
11	HOME TOWN (Specific District as per Service Record Not Village or State)					· · · · · · · · · · · · · · · · · · ·
12	SERVICE PROFILE (In DAD)	3		<u> </u>		
	Name of Office (Mention Sensitive assignment also)	Organisation	Whether on Sensitive Assignment (Yes / No)	Station	From Date (dd/mm/y yyy)	To Date (dd/mm/y yyy)
13	CHOICE STATION (Station (NOT Office)where DAD offices are located	First Preference				
	and BHUTAN may not be opted as a separate panel exists for this station)	Second Preference Third Preference				
L.				<u> </u>		

ANNEXURE - 'A-2' (Contd.)

	Whether EDP trained (If yes, specify project)								
15	APAR GRADING	APAR1	APAR2	APAR3					
16	BRIEF GROUNDS FOR EXEMPTION	**							
	(If requesting and as per Transfer Policy)								
				e _o s e					
				. =					
				~					
	Attach Latest Medical Certificate (NOT MEDICAL PRESCRIPTION) /Relevan	Attach Latest Medical Certificate (NOT MEDICAL PRESCRIPTION) /Relevant certificate in other cases.							
		1							
	DETAIL OF CERTIFICATE								
	ISSUING AUTHORITY ISSUE DATE								
	GROUND MENTIONED IN CERTIFICATE		200 TV						
	NAME MENTIONED IN CERTIFICATE								
	RELATION WITH EMPLOYEE								
	PERIOD OF EXEMPTION REQUESTED								
	PREVIOUS EXEMPTIONS (if any)								
17	UNDERTAKING								
	I hereby certify that the information furnished above are correct.								
		(CIGNIATI I	E OF APPLI	CANT)					
18	Date: (ALL COLUMN ARE MANDATORY AS PER APPLICAB		L OF AFFLI	SOIT!					
	[ALL COLUMN ARE MANDATORY AS PER APPLICAB	12.11.11							
	(To be filled by the Controller's office)								
19	RECOMMENDATION (Yes/No)								
20	REASON (If Not recommended)		-	\					
21	Whether any disciplinary case is pending against the individual:								
22	Date:	(SIGNATUI	RE AND SEA	L OF GO(AN))					