

TOP PRIORITY/BY FAX & SPEED POST



**OFFICE OF THE CONTROLLER OF DEFENCE ACCOUNTS
No.1, STAFF ROAD, SECUNDERABAD-500009**

TELE: 040-27843385

FAX: 040-27810499

No. AN/1/1004/AAO/2019/Orgn & Stn Srs

Date: 22.10.2019

To

1. The CDA, IT & SDC, Secunderabad.
2. The all Group Officers (Local).
3. The ACDA I/c, PAO (Ors) EME, Secunderabad.
4. The ACDA I/c, PAO (Ors) AOC, Secunderabad.
5. The Officer I/c, AAO (Army) Vizag.
6. All sub-offices under CDA Secunderabad.

Sub: Transfer: DAD Estt : Station/Organisation Seniors among AAOs/SAS App/Sup (A/Cs).

HQRs office has informed that in view receipt of large number of transfer requests, of AAOs / SAS App/Sup (A/cs) serving at various stations including hard / tenure stations, for posting to their choice stations, the Competent Authority has decided to call for details of Organisation senior AAOs/SAS App/Sup (A/Cs) who have completed 10 years or more as on 31.03.2020 and **also** station seniors who have been serving in the following stations:

Sl. No	Name of Station	Cut-off date for calling of Station Senior (Serving)
1	Secunderabad/Hyderabad/Dundigal/Begumpet/Hakimpet	Upto 31.03.2014
2	Visakhapatnam	Upto 31.03.2014

Accordingly, the AAOs 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/X/10050/10/2014 dt 08.08.2014 **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 **25.10.2019** for further necessary action.

CDA has *seen*.

Encl: as above.

Copy to :

The Officer I/c, IT Section (local) : for uploading on website please.

-Sd/-
(Prensagar Meena)
DCDA (AN)

(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 (AAO/SO(A)/SAS(App)/SUPERVISOR(A/c)/Sr.AUDITOR/AUDITOR/CLERK)					
6	DATE OF BIRTH (DD/MM/YYYY)					
7	DATE OF APPOINTMENT (In DAD) (DD/MM/YYYY)					
8	DATE OF PROMOTION (As Group 'C' in r/o Staff & SO(A) in r/o officer)					
9	ROSTER No. & CATEGORY (Mandatory in case of AAO)					
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 Not Village or State)					
12	SERVICE PROFILE (In DAD)					
	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 and BHUTAN/ PORTBLAIR may not be opted as a separate panel exists for these stations)	First Preference				
		Second Preference				
		Third Preference				

ANNEXURE - 'A-2' (Contd.)

14	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)			
<p><i>Attach Latest Medical Certificate (NOT MEDICAL PRESCRIPTION) /Relevant certificate in other cases.</i></p>				
DETAIL OF CERTIFICATE				
ISSUING AUTHORITY				
ISSUE DATE				
GROUND MENTIONED IN CERTIFICATE				
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.			
18	Date: _____	(SIGNATURE OF APPLICANT)		
(ALL COLUMN ARE MANDATORY AS PER APPLICABILITY)				
(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: _____	(SIGNATURE AND SEAL OF GO(AN))		

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