#### 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/Vol/2019

Date: 20.02.2019.

### **CIRCULAR** (Through Website)

To.

- 1. The DCDA I/c, PAO(ORs)EME, Sec'bad.
- 2. The DCDA I/c, PAO(ORs)AOC, Sec'bad...
- 3. All Sections in Main Office.
- 4. All sub-offices located at Secunderabad/Hyderabad/Eddumailaram/Suryalanka

## Sub:-Volunteers among Sr.Aud/Aud/Clk for posting to Visakhapatnam-reg

-000-

It has been decided by the competent authority to call for volunteers among SA/Aud/Clk for posting to sub offices at Visakhapatnam under CDA Secunderabad. Posting to Visakhapatnam is subject to availability of vacancies and Administrative exigencies.

The names of volunteers interested for posting to sub offices at Visakhapatnam may please be forwarded to AN-I sn of this office along with application duly furnishing service particulars in the enclosed proforma on or before 27.02.2019. The officials already applied during FY 2018-19 need not apply.

While sponsoring the names to Main office, specific recommendation of the i/c of the Sub-offices may invariably be indicated.

NIL report is also required.

CDA has seen.

Sd/-

(Siva Sankar Bandi)

DY. CONTROLLER(AN)

Copy to:

The EDP Centre,Local - For uploading the same in the website.

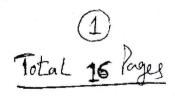
(L Padmapani)

SR.ACCOUNTS OFFICER(AN)

# **VOLUNTEER APPLICATION**

(Original copy to be forwarded to HQrs.)

1	ACCOUNT NO			T	,	
2						
	GENDER (Male / Female)					
3	NAME					
4	CATEGORY (GENERAL/OBC/SC/ST/PH)					
5	GRADE (AAO/SO(A)/SAS(App)/SUPERVISIOR(A/c)/Sr.AUDITOR/AUDITOR/CLERK/PS/STENO/HT/JHT/DEO/LUBRARIAN/MTS/DRIVER)					
6	DATE OF BIRTH (DD/MM/YYYY)					
7	DATE OF APPOINTMENT (in DAD) (DD/MM/YYYY)				<b>1</b>	
8	DATE OF PROMOTION (DD/MM/YYYY) (As Group 'C' in r/o Staff & as SO(A) in r/o officers)				A. S. Carlotte and	
9	ROSTER No.					
	(Mandatory in case of AAO)					
10	Whether appearing in ensuing SAS Part-I (in case of Sr. Auds/Auditors/Clerks/Stenos/DEOs)					
11	HOME TOWN					
12 78 1	(Specific District as per Service Record & not Village or State)					
	If DAD office not available at Home town, nearest Station to Home town					
	where DAD office is situated					
12	SERVICE PROFILE (In DAD)	•				
	Name of Office	Organisation	Whether	Station	From Date	To Date
		1	F	i	1,1,1	
		-	Sensitive Assignment			(dd/mm/yyy
			Assignment		(dd/mm/yyy y)	(dd/mm/yyy y)
			Assignment			
			Assignment			
			Assignment			
			Assignment			
			Assignment			
			Assignment			
			Assignment			
			Assignment			
			Assignment			
			Assignment			
13	CHOICE STATION	First Preference	Assignment (Yes / No)			
13	(Station (NOT Office)where DAD offices		Assignment (Yes / No)			
13	(Station (NOT Office)where DAD offices are located and BHUTAN/ PORTBLAIR	Second Prefere	Assignment (Yes / No)			
13	(Station (NOT Office)where DAD offices are located and BHUTAN/ PORTBLAIR may not be opted as a separate panel	Second Prefere	Assignment (Yes / No)			
13	(Station (NOT Office) where DAD offices are located and BHUTAN/ PORTBLAIR may not be onted as a separate panel	Second Preferei	Assignment (Yes / No)			



### Annexure 'A-1' (contd)

1.	Whether EDP trained (Yes/No) (If yes, specify project)					
	t sarris, the yes, specify projectly					
1.	APAR GRADING	ş ·	St. (.			
	(Upto two decimal places)		A-4	$\pi_{[x^{c}]}$		
16	Brief Grounds for tranfer:					
				a se		
	Attach latest MedicalCertificate (NOT MEDICAL PRESCRIPTION & TEST REPORTS certificate showing Station & Department from the condition of the c	l in recence of m				
	1 Separation & Department from the employer in case of spouse.	o in respect of in	realcal cases (	ina Service		
17	UNDERTAKING		N. C.			
	It is to undertake that the information furnished above are correct.					
18	Date://20	*,				
		(SIGNATURE	OF APPLICA	VT)		
	(ALL COLUMNS ARE MANDATORY AS PER APPLICA	BILITY)				
	(To be filled by the Controller's office)					
19	GROUND FOR RECOMMENDATION		74			
	(Hard Tenure Completion, Age, Physically Challenged %, Medical Self,		2 1			
	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.		E- "			
			-			
22	Date://20 (SIGNATURE A					

