

कार्यालय, रक्षा लेखा महानियंत्रक  
उत्तान बटार मार्ग, पालम, दिल्ली छावनी-110010

No.0600/AN/X/Volunteer/2018/Volunteers

Dated: 16.10.2018

To

The PCA/PCsDA/CSDA

**Subject:** Transfer Estt. DAD : Volunteers for Northern Region.

**Reference:** HQrs. office letter No. AN/X/0600/XIX/2009/PF dated 26.10.09.

As per transfer policy of posting to centrally controlled stations of Northern Region viz. Bhadarwah, Kargil, Leh, Poonch, Rajouri & Srinagar, volunteers are called for, to facilitate repatriation of individuals serving there.

2. The Competent Authority has decided to invite applications of volunteers from amongst AAOs/Sr.Adr./Auditors/Clks/MTS, who have completed minimum 03 years at the present serving station, for posting to the above six centrally controlled stations of Northern Region.

3. In view of the above, details of volunteers in Annexure 'A-1' (copy enclosed) may please be obtained. The officials may also be informed that only those, who will be having a residual service of at least 02 years at the time of , will be considered for posting to the Northern Region. In case, the applicant has applied for transfer to some other station through the volunteer list/panel, an endorsement may be made against his name in the remarks column of Annexure 'B-1' (copy enclosed).

4. Individuals, who once apply in this Volunteer List will not be allowed to withdraw during the validity of the List unless there are pressing medical/personal reasons. Requests for cancellation will not be entertained after issue of transfer orders.

5. It is, therefore, requested to obtaine & forward the application (in original) of all the volunteers in Annexure 'A-1' only along with connected data in Annexure 'B-1' **by 31.10.2018**. Annexure 'B-1' and 'C' containing individual details & service profile may also be forwarded in MS Office Excel through CGDA WAN/E-mail (admnx.cgda@nic.in).

Nil report is also required.

प. व. (म)

(प्रवीण कुमार राय)

रक्षा लेखा वरिष्ठ उप महानियंत्रक (प्रशासन)

प्रतिलिपि सेवा में :

(i) प्रशा.-IV अनुभाग (स्थानीय)

- उपर्युक्त के अनुसार अपेक्षित कार्रवाई हेतू।

(ii) सूचना प्रौद्योगिकी एवं प्रणाली (स्थानीय) -

अनुरोध है कि परिपत्र को कार्यालय की वैबसाइट पर डालें।

— ए —  
(सतीश कुमार त्रिपाठी)

ले.अ. (प्रशा.)

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**VOLUNTEER APPLICATION**  
(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/PS/STENO/HT/JHT/DEO/LIBRARIAN/MTS/DRIVER)				
6	DATE OF BIRTH (DD/MM/YYYY)				
7	DATE OF APPOINTMENT (In DAD) (DD/MM/YYYY)				
8	DATE OF PROMOTION (DD/MM/YYYY) (As Group 'C' in r/o Staff & as SO(A) in r/o officers)				
9	ROSTER No. (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)				
	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 Sensitive Assignment (Yes / No)	Station	From Date (dd/mm/yyyy) To Date (dd/mm/yyyy)
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		

①  
Total 16 Pages

14	Whether EDP trained (Yes/No) (if yes, specify project)			
15	APAR GRADING (Upto two decimal places)	APAR1	APAR2	APAR3
16	Brief Grounds for transfer:			
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.				
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>				
(To be filled by the Controller's office)				
19	<b>GROUND FOR RECOMMENDATION</b> (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))		

②

**Name of Volunteersn from the Organisation -**

**Annexure 'B-1'**

SL NO	ACCOUNT NO	GENDER (M-Male F-Female)	NAME	CATEGORY	GRADE	DOB Date of Birth (dd/mm/yyyy)	DOA Date of Appointment (dd/mm/yyyy)	HOME TOWN (as per Srl. 9 of Annexure A)
1	2	3	4	5	6	7	8	9

(5)

Annexure 'B-1' (contd)

STATION where Serving	SERVING DATE (dd/mm/yyyy)	Stay away DATE from choice1 (dd/mm/yyyy)	CHOICE1	CHOICE2	CHOICE3	EDP ( 'Y'-Yes / 'N'-No)	Whether appearin g in ensuing SAS Part- II	APAR1	APAR2	APAR3
								(Upto two decimal number)		
10	11	12	13	14	15	16	17	18	19	20

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Annexure 'B-1' (contd)

GROUND (Tenure- Hard Tenure Completion, AGE- Above 58 years, PC- Physically Challenged (Above 50%), MED. SELF- Medical Self, MED. DEP- Medical Dependent, SPOSE- As per DoPT Guideline, LADY, HOME TOWN, STAY AWAY')	CERTIFICATE ATTACHED (Yes / No) (Whether latest Medical Certificate (NOT A MEDICAL PRESCRIPTION)/ Spouse service Certificate attached	RECOMMENDATION (Y-Yes, N-No)	REASON, If not recommended reason thereof-	Remarks (Detail whether volunteered for any other Panel/HYL)
21	22	23	24	25

