

कार्यालय, रक्षा लेखा महानियंत्रक  
OFFICE OF CONTROLLER GENERAL OF DEFENCE ACCOUNTS  
उलान बटार मार्ग, पालम, दिल्ली छावनी-110010  
ULAN BATAR MARG, PALAM, DELHI CANTT. -110010

No.AN/II/2153/Transfer/Station Senior

Dated: 20<sup>th</sup> November, 2019.

To,

All PCsDA/CsDA/PCA(Fys)/PIFAs/IFAs  
(Through CGDA Website only)

**Subject:** Transfer: DAD Establishment-Station/Organizations Seniors among AOs/SAOs.

Keeping in view receipt of large numbers of inter-command transfer requests of AOS/SAOs serving at various stations to their choice stations through Annual Volunteer List 2019-20, the Competent Authority has decided to call for details of organisation senior AOs/SAOs who have completed 7 years or more as on 31.03.2020 and/or station senior AOs/SAOs who have completed 5 years or more as on 31.03.2020 whichever is applicable.

2. It is, therefore, requested to furnish the details of station/organisation seniors AOs/SAOs duly compiled in enclosed annexures. The following instructions relevant to the respective Annexure may be kept in view while furnishing station/organisation seniors: -

- a. It may please be ensured that Annexure-A/2 in original, in respect of each station/organisation senior has been enclosed separately duly completed in all respects.
- b. On the bases of Annexure-A/2 furnished by the officer, Controllers are requested to prepare Annexure-B/2.
- c. Service profiles in Annexure-C in respect of AOs/SAOs who are station/Organisation senior.
- d. A list showing officials who have already been transferred and subsequently granted deferment by HQrs office may also be furnished in Annexure-D indicating the date up to which the transfer is deferred.

Contd..P/2

e. Details of station seniors in Annexure-E who were exempted earlier and details of station seniors seeking exemption in current yearly transfers may be furnished in Annexure-F. It may be ensured that in case name of any officer is also included in Annexure-B/2, the Sl. No of Annexure-E/F, as the case may be, has been mentioned in remarks column of Annexure-B/2 for proper linking and to avoid any unwanted transfer.

3. While forwarding the above Annexure, it may please be ensured that names of those officials who have completed/completing 56 years of age as on 31.03.2020 may not be included in the list of station/organisation senior.

4. If the name of the official has been sponsored for deputation or other panel like Bhutan/Port Blair etc, as on date of forwarding of list, the same should be invariably mentioned in the remarks column against the name of the official in Annexure-B/2. Besides, any subsequent change in status of official on any ground effecting decision related to his transfer may also be mentioned.

5. Officials seeking exemption as per provisions of the Transfer Policy may be advised to submit the supporting documents (specific certificates only) duly certified by the PCDA/CDA along with Annexure-A/2 to enable this office to examine the requests for exemption from transfers. IT may invariably be ensured that copies of prescriptions, X-ray, Pathology reports are not forwarded to this office.

6. All the Organization/Station seniors may please be alerted and informed that they are likely to be transferred out at the end of the current academic session. It may also be noted that no internal rotation of officers within the organisation is carried out after furnishing the report without prior occurrence of HQrs office.


7. The reports may be furnished latest by **16.12.2019** through e-mail or speed-post.

Encl: -As stated

  
(Amit Gupta)  
Sr. Dy. CGDA (Admin)

Copy to: -

1. HQrs. Office (IT & S Cell) – For uploading on website.

  
(Amit Gupta)  
Sr. Dy. CGDA (Admin)





**ANNEXURE - 'A-2' (Contd.)**

14	Whether EDP trained (If yes, specify project)			
15	<b>APAR GRADING</b>	APAR1	APAR2	APAR3
16	<b>BRIEF GROUNDS FOR EXEMPTION</b> (If requesting and as per Transfer Policy)			
Attach Latest Medical Certificate (NOT MEDICAL PRESCRIPTION) /Relevant certificate in other cases.				
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	<b>UNDERTAKING</b> I hereby certify that the information furnished above are correct.			
18	Date: _____	(SIGNATURE OF APPLICANT)		
<b>(ALL COLUMN ARE MANDATORY AS PER APPLICABILITY)</b>				
<b>(To be filled by the Controller's office)</b>				
19	<b>RECOMMENDATION</b> (Yes/No)			
20	<b>REASON</b> (If Not recommended)			
21	<b>Whether any disciplinary case is pending against the individual:</b>			
22	Date: _____	<b>(SIGNATURE AND SEAL OF GO(AN))</b>		

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ANNEXURE - 'B-2'

Name of Station Seniors From the Organisation - \_\_\_\_\_

SL NO	ACCOUNT NO	GENDER (M-Male F-Female)	NAME	CATEGORY	GRADE	Date of Birth (dd/mm/yyyy)	Date of Appointment (dd/mm/yyyy)	HOME TOWN (District only)	STATION where Serving
1	2	3	4	5	6	7	8	9	10

8

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ANNEXURE - 'B-2' (Contd.)

SERVING DATE (dd/mm/yyyy)	CHOICE1	CHOICE2	CHOICE3	EDP ( 'Y'-Yes / 'N'- No)	Whether appeari ng in ensuing SAS Part II	APAR1	APAR2	APAR3	RECOMMEN DATION (Y-Yes, N-No)	REASON (if Not recommen ed,)	RECOMMENDED FOR EXEMPTION INCLUDED IN ANNEXURE'D' AT SL NO . . . . .	Remarks (Detail whether volunteered for any other Panel/HYL)
						(Upto two decimal number)						
11	12	13	14	15	16	17	18	19	20	21	22	23

Date:

(SIGNATURE AND SEAL OF G.O.(AN))

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ANNEXURE - 'D'

**Name of Officials From the Organisation - \_\_\_\_\_**  
**whose Transfer Order have been DEFFERED**

SL NO	ACCOUNT NO	GENDER (M-Male F-Female)	NAME	GRADE	STATION where Serving	TRANSFER ORDER LETTER NO.
1	2	3	4	5	9	10

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ANNEXURE - 'D' (Contd.)

TRANSFER ORDER LETTER DATE	STATION TRANSFERRED TO	GROUND FOR DEFEREMENT	DEFEREMENT LETTER NO	DEFEREMENT LETTER DATE	DEFERRED UP TO
11	12	13	14	15	16

(SIGNATURE AND SEAL OF G.O.(AN))

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Name of Station/Organisation Seniors From the Organisation -

ANNEXURE - 'E'  
already EXEMPTED

SL NO	ACCOUNT NO	GENDER (M-Male F-Female)	NAME	GRADE	Date of Birth (dd/mm/yyyy)	Date of Appointment (dd/mm/yyyy)	HOME TOWN (District only)	STATION where Serving	GROUND FOR EXEMPTION (as per Transfer Policy)
1	2	3	4	5	6	7	8	9	10

13

ANNEXURE - 'E' (Contd.)

GROUND MENTIONED IN CERTIFICATE	NAME MENTIONED IN CERTIFICATE	RELATION WITH EMPLOYEE	CERTIFICATE DATE	CERTIFICATE ISSUED BY	PERIOD OF EXEMPTION REQUESTED	PREVIOUS GROUND FOR EXEMPTION	EXEMPTED UPTO (dd/mm/yyyy)	RECOMMENDATION FOR EXEMPTION (Yes / No)	Remarks (Detail whether volunteered for any other Panel/HYL)
11	12	13	14	15	16	17	18	19	20

Date: \_\_\_\_\_

(SIGNATURE AND SEAL OF G.O.(AN))

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ANNEXURE - 'F'

Name of Station Seniors From the Organisation - \_\_\_\_\_ seeking exemption \_\_\_\_\_

SL NO	ACCOUNT NO	SEX (M-Male F-Female)	NAME	GRADE	DOB Date of Birth (dd/mm/y yyy)	DOA Date of Appointm ent (dd/mm/y yyy)	HOME TOWN (District only)	STATION where Serving	OFFICE	SERVING DATE (dd/mm/y yyy)
1	2	3	4	5	6	7	8	9	10	11

15

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ANNEXURE - 'F' (Contd.)

GROUND FOR EXEMPTION (as per Transfer Policy) ( 'AGE'-Above 56 Years, 'PC'-Physically Challenged(above 50%), 'MED.SELF', 'MED.DEP.', 'SINGLE PARENT', 'EDUCATION-X/XII')	CERTIFICATE ATTACHED (Yes / No) (Whether Latest Medical '/ Single Parent / Education Certificate)	PERIOD OF EXEMPTIO N REQUESTE D (3/6/9/12 Months)	PREVIOUS GROUND FOR EXEMPTIO N	EXEMPTED UPTO (dd/mm/yy yy)	APPLICATI ON ATTACHE D	RECOMM ENDATION (Y-Yes, N-No, C- Condition al)	REASON (If No/Condit ional, than reason there of - 'Short Stay', 'Substitute Required', 'Pending Disciplinar y Case')	RECOMM ENDATION FOR EXEMPTIO N (Yes / No)
20	21	22	23	24	25	26	27	28

16

Date: \_\_\_\_\_

(SIGNATURE AND SEAL OF G.O.(AN))