

हर काम देश के नाम



**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

Ph.No. 011-25665500/24674870

Fax: 25674806

Email: hqan2.cgda@gov.in

No. AN/III/2153/SAOs/AD(OL)/SPS/AVL 2024-25

Dated : 14.06.2024

To,

All PCsDA / PIFAs/CsDA/ IIFAs  
(Through CGDA Website)

**Subject :** Calling for Volunteer amongst SAOs/AD(OL)/SPS for Annual Volunteer List (AVL): 2024-25.

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It has been decided by the Competent Authority to initiate the process of AVL in respect of SAOs/AD(OL)/SPS for the year 2024-25. It is therefore requested to forward the name of Volunteers amongst SAOs/AD(OL)/SPS for inclusion in AVL 2024-25.

2. It may be noted that the officers who are currently under transfer to other stations or granted deferment of transfer or have not completed minimum stay of 01 year in the present duty station as on 01.01.2025 are not eligible for inclusion in AVL 2024-25. Therefore, it is requested that name of such officers may not be forwarded/recommended for inclusion in the AVL 2024-25.

3. It is therefore requested that name of eligible volunteers may please be forwarded to this HQrs office duly recommended by PCDA/CDA/PIFA/IFA in the prescribed format (copy enclosed) by 31.07.2024 through email at hqan2.cgda@gov.in. PCDA/CDA/PIFA/IFA are requested that brief reason/ground for not recommending the case may please be specifically mentioned in the prescribed format.

4. Further, it is clarified that merely applying in AVL does not entitle officers concerned to mandatorily be posted in his/her opted station or exempt them for transfer to other deficient station on administrative ground/exigency.

5. Nil report is also required.

  
(Mugdha Kaur Jaggi)  
Sr.Dy.CGDA(Admin)

**Copy to :**

Officer - in - Charge,  
IT & S Wing, (Local)

} With a request to upload on CGDA Website.

  
(Mugdha Kaur Jaggi)  
Sr.Dy.CGDA(Admin)

**Volunteer Application**

Annexue-A

(Original copy to be forwarded to HQrs Office)

(Authority: HQrs office letter No. AN/II/2153/SAOs/AD(OL)/SPS/AVL 2024-25, dated 14.06.2024)

1	NAME	
2	ACCOUNT NO.	
3	GRADE (SAO/AD(OL)/SPS)	
4	DATE OF BIRTH (DD/MM/YYYY)	
5	DATE OF APPOINTMENT (IN DAD) (DD/MM/YYYY)	
6	NAME OF THE STATION PRESENTLY SERVING	
7	DATE OF SERVING IN THE PRESENT STATION	
8	HOME TOWN (Specific District as per Service Record & Not Village or State)	
	If DAD office is not available at Home Town, nearest Station to Home Town where DAD office is situated	
9	<b>CHOICE STATION</b>  (Station (Not Office) where DAD offices are located and Bhutan/ may not be opted as a separate panel exists for this station)  Note:-Maximum 03 stations can be opted only. (First three choice stations only will be considered)	<b>1st Choice Station</b>  State whether earlier served in 1st choice station, if so, date of last served in the station may be mentioned.
		<b>2nd Choice Station</b>  State whether earlier served in 2nd choice station, if so, date of last served in the station may be mentioned.
		<b>3rd Choice Station</b>  State whether earlier served in 3rd choice station, if so, date of last served in the station may be indicated.
10	Whether enrolled as IT Personnel as per DAD IT Personnel Transfer Policy issued vide AN/II/2153/Trf Policy/2023, dated 14-09-2023 & AN/II/2153/Transfer Policy/SAC/2024 dated 31-01-2024.  If yes, whether selected/deployed for IT role. Please specify the role:	
11	<b>BRIEF GROUND FOR TRANSFER:</b>  _____  _____  _____	
	<b>NOTE:</b> Attach Proforma on medical ground as per Annexure-IV of HQrs transfer policy no. AN/II/2153/Transfer Policy/SAO/2024 dated 31.01.2024.	
12	<b>UNDERTAKING</b> It is to undertake that the information furnished above are correct.  DATE: ...../...../20.....	_____ (SIGNATURE OF APPLICANT)
<b>(ALL COLUMNS ARE MANDATORY AS PER APPLICABILITY)</b>		
<b>(TO BE FILLED BY THE CONTROLLER'S OFFICE)</b>		
13	<b>GROUND FOR RECOMMENDATION</b> (HARD TENURE COMPLETION, AGE, PHYSICALLY CHALLENGED %, MEDICAL SELF, MEDICAL DEPENDENT, HOME TOWN, STAY AWAY)	_____
(a)	If Not Recommended, Reason Thereof	_____
14	Whether any disciplinary case is pending against the individual	_____
15	DATE: ...../...../20.....	SIGNATURE AND SEAL OF GO (AN)