

हर काम देश के नाम

	<p>कार्यालय, रक्षालेखामहानियंत्रक OFFICE OF THE CONTROLLER GENERAL OF DEFENCE ACCOUNT उलानबटार रोड, पालम, दिल्ली छावनी - 10 ULAN BATAR ROAD, PALAM DELHI CANTT.110010 Ph. No.- 011-25665568 Email. admnx.cgda@nic.in</p>	
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No. AN/X/10050/AVL 2024

Dated: 13/06/2024

To

All PCsDA/CsDA

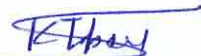
Subject: **Transfer Establishment: DAD – AVL 2024 reg.**

It has been decided by the Competent Authority to expedite the processing of AVL 2024 and call for transfer requests/applications at the earliest. It is, therefore, requested to arrange and forward AVL 2024 for all cadres up to AAO level by 31st July 2024. The same may be forwarded as per the Transfer Policy and in the following proforma (as per HQrs office letter no. AN/X/10050/10/2014 dated 8/8/2014). It is also requested to forward details of all volunteers among AAOs/SAS Apprentice/Staff serving in PIFA/IFA offices under your proforma control.

- Annexure 'A-1' – Application (for individual use)
- Annexure 'B-1' – Service particulars (for office use)
- Annexure 'C' – Stations/offices served/serving with organisation (for office use)


2. Further, as contained in this office letter no. AN/X/10050/AVL 10/2023 dated 14/7/2023, all transfer requests on medical grounds should be screened at your end before forwarding the same to HQrs office in the prescribed proforma. Only relevant medical certificate should be attached with the application/request. The same should be duly signed by the GO (AN).

Please accord priority.


(Satish Kumar Tripathi)
Sr. Accounts Officer (AN)

Copy to:

- AN-IV Section (Local).- For necessary action.
- IT & S Wing (Local). - For uploading on website of HQrs office.


(Satish Kumar Tripathi)
Sr. Accounts Officer (AN)

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/HT/ 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			

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Total 16 Pages

Annexure 'A-1' (contd)

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:			
<p><i>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.</i></p>				
17	UNDERTAKING			
	It is to undertake that the information furnished above are correct.			
18	Date: ___/___/20___	(SIGNATURE OF APPLICANT)		
(ALL COLUMNS ARE MANDATORY AS PER APPLICABILITY)				
(To be filled by the Controller's office)				
19	GROUND FOR RECOMMENDATION (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))		

Name of Volunteers 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	RECOMMENDATI ON (Y-Yes, N-No)	REASON, If not recommended reason thereof-	Remarks (Detail whether volunteered for any other Panel/HYL)
21	22	23	24	25

SERVICE PROFILE OF THE INDIVIDUALS

ACCOUNT NO	GRADE	OFFICE	ORGANISATION	STATION	FROM DATE (dd/mm/yyyy)	TO DATE (dd/mm/yy yy)	DEPUTA TION

	<p>कार्यालय, रक्षालेखामहानियंत्रक OFFICE OF THE CONTROLLER GENERAL OF DEFENCE ACCOUNT उलानबटार रोड, पालम, दिल्ली छावनी - 10 ULAN BATAR ROAD, PALAM DELHI CANTT. 110010</p>	
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No. AN/X/10050/AVL-10/2023

Dated: 14/7/2023

To

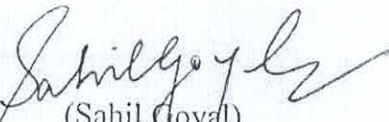
All PCsDA/PIFAs/CsDA/IFAs and PCA (Fys)

Subject: Transfer Establishment: DAD – AVL 2023 reg.

It has been decided by the Competent Authority to expedite the processing of AVL 2023. It is therefore, requested to arrange and forward AVL 2023 for all cadres upto SAO by 31st July 2023. Accordingly, transfer requests received in your office, may be forwarded duly recommended in the AVL 2023 as per the transfer policy in prescribed proforma enclosed with HQrs office letter no. AN/X/10050/10/2014 dated 8/8/2014. Nil report is also required.

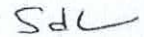
2. Further, it is also requested that all transfer/exemption requests on medical ground should be screened at your end before forwarding the same to HQrs office. Only relevant medical certificate should be attached with the application/request. In this connection, a proforma is also enclosed which shall be forwarded duly signed by GO (AN) along with the request if the same is on medical ground.

Please accord priority.


(Sahil Goyal)
Dy. CGDA (AN)

Copy to:

1. AN-IV Section (Local). - For necessary action..
2. IT & S Wing (Local). - For uploading on website of HQrs office.
3. AN-II/IX Section (Local) - For information.



(Sahil Goyal)
Dy. CGDA (AN)

PROFORMA FOR APPLICATIONS FORWRDED ON MEDICAL GROUND

Sl. No.	Remark	Yes/No
1.	Whether Medical Certificate is from a Govt. Hospital/ Wellness Centre. (Copy of Certificate to be enclosed)	
2.	Whether the disease/illness is listed by the Govt. of India/DAD in their guidelines related to transfer/posting.	
3.	Whether the request has been screened at your end before forwarding to HQrs office.	
4.	Whether bills have been admitted/ permission taken by individual/ dependent for Special treatment from PCDA/CDA and if yes, details of payments may be provided.	
5.	Whether request is recommended.	

Group Officer (Admn)