

‘हर काम देश के नाम’

कार्यालयरक्षा लेखा महानियंत्रक

उलान बटार मार्ग , पालम, दिल्ली छावनी-110010

OFFICE OF CONTROLLER GENERAL OF DEFENCE ACCOUNTS

ULAN BATAR MARG, PALAM, DELHI CANTT. -110010

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CIRCULAR

No.AN/II/2407/PCDA(BR) Delhi

Dated:08.11.2021

To

✓ All PCsDA / PIFAs / CsDA / IFAs / CsDA (Trg.-Estt.)

Sub: Volunteers for Joshimath/ Udampur/ Manali/ Kargil/ Tanakpur/ Kupwara Jeori/ Khirmu/Along/ Leh/ Srinagar/ Rajouri/ Poonch/Bhaderwah: SAOs/AOs

The Competent Authority has decided to invite applications of volunteers from SAOs/ AOs (except posted in AO GE/ AO BRTF/ CCE (R&D) or Hard stations) for the above stations.

- It is assured that the officer would be posted to one of their three choice station on reversion from the **Hard Station** after completion of prescribed tenure period as far as administrative feasibility.
- The officer who are under order of transfer/ have not completed minimum tenure at the station may not volunteer for these stations.
- The officers who once apply for the panel, will not be allowed to withdraw during the validity of this volunteer list unless there are compelling medical/ personal grounds and recommended by the Principal Controller/ Controller under a DO letter clearly bringing out the genuineness of the case. Further, once the volunteers selected for posting to above stations, any request for deferment/ cancellation/ change of posting will not be entertained.
- Controllers are requested to ensure that wide publicity is given to this circular and the names of willing SAOs/AOs forwarded in "Annexure A-1" (copy enclosed) to HQrs office through fax/ e-mail by **12th November 2021**.
- In order to avoid delay, officers working in sub offices may fax/ e-mail an advance copy of their candidature directly to HQrs office through e-mail at hqan2.cgda@gov.in . Nil report is also required.

Encl. As above.

Copy to:

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


(Rajeev Ranjan Kumar)
Dy.CGDA(Pers)

—sd—
(Rajeev Ranjan Kumar)
Dy.CGDA(Pers)

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						
6	DATE OF BIRTH (DD/MM/YYYY)						
7	DATE OF APPOINTMENT (In DAD) (DD/MM/YYYY)						
8	DATE OF PROMOTION (DD/MM/YYYY) (As Accounts officer & Sr. Accounts Officer)						
9	ROSTER No. (AO/SAO)						
10	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						
11	SERVICE PROFILE (In DAD)						
	Name of Office		Organisation	Whether Sensitive Assignment (Yes / No)	Station	From Date (dd/mm/yyyy)	To Date (dd/mm/yyyy)
12	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				

13	Whether EDP trained (Yes/No) (If yes, specify project)				
14	APAR GRADING (Upto two decimal places)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"></td> <td style="width:33%;"></td> <td style="width:33%;"></td> </tr> </table>			
15	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>					
16	<u>UNDERTAKING</u> It is to undertake that the information furnished above are correct.				
17	Date: ___/___/20___	(SIGNATURE OF APPLICANT)			
(ALL COLUMNS ARE MANDATORY AS PER APPLICABILITY)					
<u>(To be filled by the Controller's office)</u>					
18	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)				
19	If Not recommended reason thereof				
20	Whether any disciplinary case is pending against the individual.				
21	Date: ___/___/20___	(SIGNATURE AND SEAL OF GO(AN))			