

रक्षा लेखा महानियंत्रक
Controller General of Defence Accounts
उलान बटार रोड, पालम, दिल्ली छावनी – 110010
Ulan Batar Road, Palam, Delhi Cantt – 110010

CIRCULAR

No. AN//9010/Port Blair/2018-19

Dated: 17.08.2018

To,

✓ All PCsDA/PCA(Fys)/CsDA

Sub: Posting of volunteers to Port Blair (Panel 2018-19): AAOs.

Please ascertain and furnish the names of volunteers below 56 years from AAOs for posting to Port Blair. The full service particulars of the volunteers along with ACR gradings for the last three years and other details may be forwarded as per the enclosed Annexure 'A-1'. The individuals may be informed that only those who will have residual service of at least 02 years at the time of selection will be considered for posting to Port Blair and will be repatriated to one of their choice stations on completion of the prescribed tenure. In case the individual has applied for transfer to some other station in the volunteer list, an endorsement may be made against his name in the list.

2. Individual, who once applies for the panel will not be allowed to withdraw during the validity of volunteer list unless there are compelling medical / personal reasons and is recommended by Principal Controller / Controller under a DO letter clearly bringing out the genuineness of the case supported with relevant documents / certificates. Further, requests for cancellation will not be entertained after issue of transfer order.

3. It is requested to forward the original application of all the volunteers strictly as per Annexure 'A-1' along with connected data in Annexure 'B/C' by 31st August 2018. Annexure 'B' may also be forwarded in MS Office Excel through format to CGDA Admin-IX Email ID (admnix.cgda@nic.in).

NIL report is also required.


(Satish Kumar Tripathi)
AO (AN)

Copy to:

- 1) AN-IV Section (Local) – For information w.r.t. above and necessary action please
- 2) IT & S Wing (Local) - With a request to upload on CGDA website.


(Satish Kumar Tripathi)
AO (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)/ci/Sr.AUDITOR/AUDITOR/CLERK/PS/STENO/MT/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			

14	Whether EDP trained (Yes/No) (If yes, specify project)		
15	APAR GRADING (Upto two decimal places)		
16	Brief Grounds for transfer:		
<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>			
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 for PORT BLAIR(2018-19) from the organisation

Annexure 'B'

SL NO	ACCOUNT NO	GENDE R (M- Male F- Female)	NAME	CATE GORRY	GRADE	DOB Date of Birth (dd/mm/yyyy)	DOA Date of Appointment (dd/mm/yyyy)	HOME TOWN (as per Srl.9 of Annexure A)	STATION where Serving	SERVING DATE (dd/mm/yyyy)	Stay away DATE from choice1	CHOICE1	CHOICE2	CHOICE3	EDP (Y/ N/ ring in No)	Whet her appea ring in ensui ng SAS Part-II	APAR 1	APAR2	APAR 3	GROUND/Tenure- Hard Tenure Completion, 'AGE' Above 58 years, 'PC' (Whether Physically Challenged/above 50%); 'MED SELF' Medical Dependent, 'SPOSE' As per DoPT Guideline, 'LADY', 'H N')/Spouse OME TOWN', 'STAY AWAY'	CERTIFICATE ATTACHED (Yes/No) (Whether latest Medical Certificate(N OT A MEDICAL PRESCRIPTION N)/Spouse service Certificate attached	MEMEN DATIO N(Y/ N/ No)	REASON, if not recommended reason thereof	Remark (Detail whether Volunteer ed for ar other Panel/H)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25

