

कार्यालय, रक्षा लेखा महानियंत्रक  
OFFICE OF THE CONTROLLER GENERAL OF DEFENCE ACCOUNTS  
उलान बटार रोड, पालम, दिल्ली छावनी. ११००१०  
ULAN BATAR ROAD, PALAM, DELHI CANTT. 110010

AN/X/10081/5/2014

Dated: 12/05/2014

To,

✓ All concerned PCsDA/CsDA/PCA(Fys).

Subject: Transfer Estt: DAD – Station Seniors – Stenos/PS

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The competent authority has decided to call for names of station seniors in respect of PS/Stenos serving at under mentioned Stations. It is, therefore requested to forward the complete service profile, along with APAR score of PS/Stenos in enclosed pro-forma duly filled up to the HQrs by speed post or Fax latest by 30/05/2014.

1. ALLAHABAD
2. DELHI
3. JAIPUR
4. JODHPUR
5. KANPUR
6. KOLKATA
7. LUCKNOW
8. PATNA
9. SECUNDERABAD

Nil report is also required.

  
(Rajesh Kalia)  
AO (AN)

Copy to:-

- |                         |    |                                       |
|-------------------------|----|---------------------------------------|
| 1. AN-IV Section(Local) | -- | For necessary action as stated above. |
| 2. EDP Centre           | -- | For uploading on official website     |

— sd—  
Rajesh Kalia  
AO(AN)

**FORMAT TO BE FILLED BY STATION SENIORS**

|    |  |                   |   |         |   |
|----|--|-------------------|---|---------|---|
| 1  | ACCOUNT NO   | :                 |   |         |   |
| 2  | GENDER   | :                 |   |         |   |
| 3  | NAME   | :                 |   |         |   |
| 4  | GRADE  | :                 |   |         |   |
| 5  | DATE OF BIRTH  | :                 |   |         |   |
| 6  | DATE OF APPOINTMENT (In DAD)   | :                 |   |         |   |
| 7  | DATE OF PROMOTION (As Clerk in r/o Staff & SO(A) in r/o officer)                                   | :                 |   |         |   |
| 8  | ROSTER No. & CATEGORY (Mandatory in case of AAO)   | :                 |   |         |   |
| 9  | HOME TOWN  | :                 |   |         |   |
| 10 | SERVICE PROFILE (In DAD)   |                   |   |         |   |
|    | Name of Office<br>(Mention Sensitive assignment also)  | Organisation      | Whether on Sensitive Assignment<br>(Yes / No) | Station | From Date<br>(dd/mm/y<br>yyy) To Date<br>(dd/mm/y<br>yyy) |
|    |  |                   |   |         |   |
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|    |  |                   |   |         |   |
|    | CHOICE STATION   | First Preference  |   |         |   |
|    | CHOICE STATION   | Second Preference |   |         |   |
| 11 | CHOICE STATION   | Third Preference  |   |         |   |
| 12 | Whether EDP trained (If yes, specify project)  |                   |   |         |   |
| 13 | APAR GRADING   | APAR1             | APAR2   | APAR3   |   |
| 14 | BRIEF GROUNDS FOR EXEMPTION<br>(as per Transfer Policy)  |                   |   |         |   |
|    | Attach Latest Medical Certificate (NOT MEDICAL PRESCRIPTION) /Relevant certificate in other cases. |                   |   |         |   |
|    | DETAIL OF CERTIFICATE  |                   |   |         |   |
|    | ISSUING AUTHORITY  |                   |   |         |   |
|    | ISSUE DATE   |                   |   |         |   |

(To be filled by applicant)

ANNEXURE - 'A-2'

**FORMAT TO BE FILLED BY STATION SENIORS**

|    |   |   |
|----|---|---|
|    | <b>GROUND MENTIONED IN CERTIFICATE</b>  |   |
|    | <b>NAME MENTIONED IN CERTIFICATE</b>  |   |
|    | <b>RELATION WITH EMPLOYEE</b>   |   |
|    | <b>PERIOD OF EXEMPTION REQUESTED</b><br>(3 / 6 / 9 / 12 Months)   |   |
|    | <b>PREVIOUS EXEMPTIONS (if any)</b>   |   |
|    | <b>If Spouse serving in DAD, Specify Office &amp; Station of present posting.</b>                           |   |
|    | <b>Station for which Spouse has applied as volunteer/Station Senior</b>                                     |   |
| 15 | <b>UNDERTAKING</b><br>I hereby certify that the information furnished above are correct.<br><br>Date: _____ | <b>(SIGNATURE OF APPLICANT)</b><br><br><b>(ALL COLUMN ARE MANDATORY AS PER APPLICABILITY)</b> |

(To be filled by the Controller's office)

|    |   |  |
|----|---|--|
| 16 | <b>RECOMMENDATION</b><br>(Yes/No)                                       |  |
| 17 | <b>REASON (If Not recommended)</b>                                      |  |
| 18 | <b>Whether any disciplinary case is pending against the individual:</b> |  |

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

**(SIGNATURE AND SEAL OF GO(AN))**

ANNEXURE - 'B-2'

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

| SL NO | ACCOUNT NO | GENDER<br>(M-Male<br>F-Female) | NAME | GRADE | Date of Birth<br>(dd/mm/yyyy) | Date of<br>Appointment<br>(dd/mm/yyyy) | HOME TOWN<br>(District only) | STATION where<br>Serving | SERVING DATE<br>(dd/mm/yyyy) |
|-------|------------|--------------------------------|------|-------|-------------------------------|--|------------------------------|--------------------------|------------------------------|
| 1     | 2          | 3                              | 4    | 5     | 6                             | 7                                      | 8                            | 9                        | 11                           |

P.T.O.

**ANNEXURE - 'B-2'**

| CHOICE1 | CHOICE2 | CHOICE3 | EDP<br>( 'Y'-Yes<br>/ 'N'-<br>No) | APAR1                     | APAR2 | APAR3 | RECOMMEND<br>ATION<br>(Y-Yes,<br>N-No) | REASON<br>(If Not<br>recommended,) | RECOMMENDED<br>FOR EXEMPTION<br>INCLUDED IN<br>ANNEXURE'D' AT<br>SL NO | Remarks (Detail<br>whether<br>volunteered for<br>any other<br>Panel/HYL) |
|---------|---------|---------|-----------------------------------|---------------------------|-------|-------|--|------------------------------------|--|--|
| 12      | 13      | 14      | 15                                | 16                        | 17    | 18    | 19                                     | 20                                 | 21   | 22   |
|         |         |         |                                   | (Upto two decimal number) |       |       |  |                                    |  |  |

Date:

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

Name of Station/Organisation Seniors From the Organisation -

ANNEXURE - 'D'  
RECOMMENDED FOR EXEMPTION

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

P.T.O.

ANNEXURE - 'D'

| 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.(ANI))