

OFFICE OF THE C.G.D.A.
ULAN BATAR ROAD, PALAM, DELHI CANTT.-10

No.0600/AN-X/Volunteer/2014

Dated: 12.05.14

To PC&DA/C&DA/PCA(FYA)
ALL JEAs.

Subject: Transfer Estt. DAD : Volunteer for Northern Region.

Reference: HQrs. office letter No.AN/X/0600/XIX/2009/PF dt. 26.10.09.


Please ascertain and furnish the names of volunteers amongst AAOs/Sr.Adr./Auditors/Clks/MTS who have completed minimum 02 years in the serving station for empanelment for Leh / Srinagar / Rajouri / Bhadarwah / Poonch in J&K region. The full service particulars of the volunteers along with ACR grading for the last three years and other details may be forwarded as per the enclosed Annexure 'A'. The individuals may be informed that only those who will have a residual service of at least 02 years at the time of selection will be considered for posting to Northern Region and will be repatriated to one of their choice station on completion of prescribed tenure. In case the individual has also applied for transfer to some other station in the volunteer list, an endorsement may be made against his name in the list.

2. Individuals, who once apply for the panel will not be allowed to withdraw during the validity of the panel unless there are pressing medical/personal reasons. Requests for cancellation will not be entertained after issue of transfer order.

3. It is requested to forward to this office original application of all the volunteers strictly as per Annexure 'A' alongwith connected data in Annexure 'B' by 31.05.2014. Annexure 'B' and 'C' containing individual detail & service profile may also kindly be forwarded in MS Office Excel through CGDA WAN.

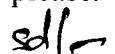
Nil report is also required.

Enclosure : 03


(Rajesh Kalia)
AO (AN)

Copy to:

AN-IV section (local) - For information and necessary action please.
EDP (Local) - For uploading on HQrs. web site please.


(Rajesh Kalia)
AO (AN)

(To be filled by applicant)

Annexure 'A-1'

VOLUNTEER APPLICATION
(Original copy to be forwarded to HQrs.)

12	Whether EDP trained (Yes/No) (If yes, specify project)			
13	APAR GRADING (Upto two decimal places)	APAR1	APAR2	APAR3
14	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>			
	If Spouse serving in DAD, Specify Office & Station of present posting.			
	Station for which Spouse has applied as volunteer/Station Senior			

UNDERTAKING

It is to undertake that the information furnished above are correct.

Date:

(SIGNATURE OF APPLICANT)

(ALL COLUMNS ARE MANDATORY AS PER APPLICABILITY)

(To be filled by the Controller's office)

16	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)	
17	If Not recommended reason thereof	
18	Whether any disciplinary case is pending against the individual.	

Date:

(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	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 choicel (dd/mm/yyyy)
1	2	3	4	5	6	7	8	9	10	11

P.T.O.

Annexure 'B-1'

CHOICE1	CHOICE2	CHOICE3	EDP (Y'-Yes / 'N'-No)	APAR1	APAR2	APAR3	GROUND	CERTIFICATE ATTACHED (Yes / No) (Whether latest Medical Certificate (NOT A MEDICAL PRESCRIPTION)/ Spouse service Certificate attached	RECOMMEND ATION (Y'-Yes, N-No)	REASON, If not recommended reason thereof-	Remarks (Detail whether volunteered for any other Panel/HYL)
				(Upto two decimal number)							
12	13	14	15	16	17	18	'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')	20	21	22	23
						19					

Date: _____

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

