

रक्षा लेखा नियंत्रक (अनु. एवं वि.) कार्यालय, कंचनबाग, हैदराबाद - 500 058
Office of CDA(R&D), Kanchanbagh, Hyderabad - 500 058

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दिनांक.06.07.2016

परिपत्र / Circular

विषयः Transfer – Estt – Yearly List of volunteers

संदर्भः Hqrs. Letter No. AN/X/10001/2/2014 Dated 21.09.2015

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Requests for transfer to choice stations have to be rendered to Hqrs. office latest by 31st August of each year.

2. Interested officers/staff members who desire to apply for transfer to their choice stations may please give their names in the enclosed proforma **Annexure-1 for SAO/AO** and **Annexure-A2 for others** to AN Section **latest by 01.08.2016** keeping in view the following guidelines:

- The officers / individuals, who have given their names earlier and desirous of change of choice stations, or retaining their names for the earlier choice stations, may also apply fresh again.
- Officers / individuals applying for choice stations on compassionate grounds may submit necessary medical certificates (in original) along with their applications;
- The applications/ requests of the Individuals who have not completed two years at their present station of posting may not be forwarded;
- Volunteers who are EDP/MEIT Trained must indicate the nature of work they are presently handling.

3. **To all Labs** :: You are requested that applications for transfer, if any, in respect of the encadred officers serving in your organization may please be forwarded to this office, with the Director's recommendation, for onward transmission to CGDA, Delhi Cantt.

(प्रकाश नाईक / Prakash Naik)

संलग्नक/Encl :: उपरोक्त/As above

सहायक नियंत्रक (प्रशा.) / Asstt. Controller (AN)

Circulated in Main office as per Standard List

Copy to ::

- | | | |
|--|---|------------------------------|
| 1. AO(R&D) NSTL Vizag. | } | |
| 2. AO(R&D) SBC Vizag | } | |
| 3. AO(R&D) DMDE, Secunderabad | } | NIL Report is also requested |
| 4. AO(R&D) SFC, Jagdalpur | } | |
| 5. The Directors/PDs of ANURAG, ASL, DMDE, DMRL, | } | |
| DRDL, RCI, SBC, CCE(R&D) Estates | } | |

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/IHT/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))		

