



कार्यालय रक्षा लेखा प्रधान नियंत्रक (मध्य कमान), करियप्पा मार्ग, लखनऊ छावनी -226002
Office of the Principal Controller of Defence Accounts (Central Command) Cariappa
Road, Cantt., Lucknow, Pin Code - 226002

कार्यालय दूरभाष सं0-0522-2451547

कार्यालय फैक्स सं0-0522-2451993

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CIRCULAR

No. AN/1A/1004/Port Blair

Dated: 20.06.2017

To,

The CDA RTC Lucknow
The IFA (CC) Lucknow
All Sub-offices
All Sections in Main Office

Sub: Transfer Estt DAD Port Blair (Volunteers list for Port Blair 2017-18)

Ref: Hqrs Office Circular No. AN/X/10092/6/2017/PB dated .06.2017

Please refer to the above cited Hqrs letter (copy enclosed), wherein it has been decided to invite applications of volunteers from amongst SA/Auditors/Clerks for posting at Port Blair.

2. While forwarding the names of volunteers, it may be ensured that those individuals, who fulfill the eligibility criteria as brought out in the HQrs office letter dated .06.2017 and willing to apply for the subject posting may forward their original applications in the enclosed proforma duly completed in all respect, so as to reach this office latest by 27.06.2017.

Encls: As Above

Sd
(Pritam Dutta)
DCDA (AN)

Copy to:

2. The OI/c
OA Cell
[Local]

for uploading on PCDA (CC) website

Pritam
(Pritam Dutta)
DCDA (AN)

कार्यालय, रक्षा लेखा महानियंत्रक
उलान बटार रोड, पालम, दिल्ली छावनी- 110010

AN/X/10092/6/2017/PB

Dated: .06.2017

To

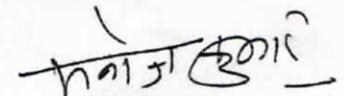
PCsDA/CsDA/PCA (Fys)

All IFAs

Sub: Transfer Estt DAD. Port Blair (Volunteers list for Port Blair 2017-18)

The Competent Authority has decided to invite applications of volunteers from amongst SA/Auditors/Clerks for Port Blair on the following criteria:

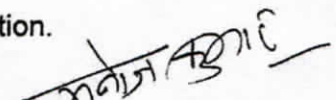
- a. He/She should have completed minimum 02 years in the serving station. For a new recruit, he/she should have completed 03 years stay at their initial place of posting.
 - b. Individuals, who will have a residual service of at least 02 years at the time of selection will be considered for posting to Port Blair and will be repatriated to one of their three choice stations on completion of prescribed tenure.
 - c. The full service particulars of the volunteers along with APAR grading for the last three years and other details may be forwarded in Annexure 'A-1' as annexure with HQrs circular dated 08.08.2014.
 - d. 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 applies for the panel will not be allowed to withdraw during the validity of volunteer list unless there are compelling medical/personal reasons and recommended by the 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 to this office original application of all the volunteers strictly as per Annexure 'A-1' alongwith connected data in Annexure 'B-1' as annexed with HQrs circular dated 08.08.2014 by **30.06.2017**. Annexure 'B-1' may also kindly be forwarded in MS Office Excel through CGDA WAN/E-Mail (admnx.cgda@nic.in).
4. **Nil report is also required.**
Copy by post may kindly not be awaited.


(Manoj Kumar)
SAO (Admin)

Copy to:

AN-IV Section (Local) -
IT&S Wing -

For information and necessary action.
For uploading on HQrs web site.


(Manoj Kumar)
SAO (Admin)

14 Whether EDP trained (Yes/No) (If yes, specify project)

15 APAR GRADING
(Upto two decimal places)

16 Brief Grounds for transfer:

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.

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))