

## रक्षा लेखा प्रधान नियंत्रक (मध्य कमान) करियप्पा मार्ग, लखनऊ छावनी -226002

Principal Controller of Defence Accounts (Central Command) Cariappa Road, Lucknow Cantt.- 226002

## कार्यालय फोन सं.-0522-2451084/कार्यालय फ़ैक्स सं-0522-2453038

Office Phone No.-0522-2451084/Office Fax No.-0522-2453038

### Email ID - pcdaccan1a.dad@gov.in



#### परिपत्र

### (केवल वैबसाइट द्वारा)

सं. प्रशा./1अ/1004/स॰ले॰अ॰/सतर्क सूचना

दिनांक:10.03.2021

सेवा में,

र.ले.नि.(क्षे.प्र.के.) लखनऊ एकीकृत वित्तीय सलाहकार लखनऊ (IFA CC Lucknow) संगठन के सभी उप-कार्यालय मुख्य कर्यालय के सभी अनुभाग

विषय : Transfer: DAD Establishment- Station/ Organization Seniors among AAOs/SAS App/Sup (A/Cs).

संदर्भ : मुख्या. कार्यालय का दिनांक 08/03/2021 का पत्र सं. AN/Estt-AAO/9010/Orgn/StnSenior.

मुख्यालय कार्यालय के संदर्भित पत्र द्वारा उन सहायक लेखा अधिकारीयों /एस.ए.एस अप्रेंटिस के नाम मांगे गए हैं जो लखनऊ, कानपुर और इलाहाबाद स्टेशन पर दिनांक 31/03/2015 तक या उससे पहले से तैनात हैं। कृपया सभी स्टेशन सीनियर द्वारा Annexure-A/2 (प्रति संलग्न) दो प्रति मे इस कार्यालय को भेजना स्निश्चित करें।

- सभी स्टेशन सीनियर और संगठन सीनियर अधिकारियों को यह अवगत करा दें की वर्तमान शैक्षिक सत्र के अंत मे स्थानांतरण होने की संभावना है।
- रिपोर्ट दिनांक 12/03/2021 ,13:00 बजे तक इस कार्यालय मे भेजना सुनिश्चित करे। 6.

प्रतिलिपि:-प्रभारी अधिकारी

- र.ले.प्र.नि.(म.क.) लखनऊ की वैबसाइट पर अपलोड करने हेतु ।

स्वचलन कक्ष(स्थानीय)

# FORMAT TO BE FILLED BY STATION SENIORS

(Original copy to be forwarded to HQrs.)

	Urigin	al copy to be	forwarded to	HOre 1				
1	ACCOUNT NO		The ded to	110(13.)				
2	GENDER (Male/Female)							
3	NAME							
4	CATEGORY (GENERAL/OBC/SC/ST/PH)							
5	GRADE (AAO/SO(A)/SAS{App}/SUPERVISIOR(A/c)/Sr.AL	UDITOR/AUDITOR/CI	E8K)					
			,					
6	DATE OF BIRTH (DD/MM/YYYY)							
_								
7	DATE OF APPOINTMENT (In DAD) (DD/MM)	/YYYY)						
0								
8	DATE OF PROMOTION (As Group 'C' in r/o Staf	ff & SO(A) in r/o of	ficer)					
9								
3	ROSTER No. & CATEGORY (Mandatory in case	of AAO)						
10	Whather anneating							
	Whether appearing in ensuing SAS Part-II (in case of Sr. Auds/Auditors/Clerks/Stenos/DEOs)							
11								
11	HOME TOWN	Villaga						
11	HOME TOWN (Specific District as per Service Record Not	Village or State	)					
	HOME TOWN	Village or State	)					
	HOME TOWN (Specific District as per Service Record Not SERVICE PROFILE (In DAD)  Name of Office							
	HOME TOWN (Specific District as per Service Record Not SERVICE PROFILE (In DAD)  Name of Office		Whether on	Station	From Date			
	HOME TOWN (Specific District as per Service Record Not SERVICE PROFILE (In DAD)		Whether on Sensitive	Station	(dd/mm/y	(dd/mm/		
	HOME TOWN (Specific District as per Service Record Not SERVICE PROFILE (In DAD)  Name of Office		Whether on Sensitive Assignment	Station				
	HOME TOWN (Specific District as per Service Record Not SERVICE PROFILE (In DAD)  Name of Office		Whether on Sensitive	Station	(dd/mm/y	(dd/mm/		
	HOME TOWN (Specific District as per Service Record Not SERVICE PROFILE (In DAD)  Name of Office		Whether on Sensitive Assignment	Station	(dd/mm/y	(dd/mm/		
	HOME TOWN (Specific District as per Service Record Not SERVICE PROFILE (In DAD)  Name of Office		Whether on Sensitive Assignment	Station	(dd/mm/y	(dd/mm/		
	HOME TOWN (Specific District as per Service Record Not SERVICE PROFILE (In DAD)  Name of Office		Whether on Sensitive Assignment	Station	(dd/mm/y	(dd/mm/		
	HOME TOWN (Specific District as per Service Record Not SERVICE PROFILE (In DAD)  Name of Office		Whether on Sensitive Assignment	Station	(dd/mm/y	(dd/mm/		
	HOME TOWN (Specific District as per Service Record Not SERVICE PROFILE (In DAD)  Name of Office		Whether on Sensitive Assignment	Station	(dd/mm/y	(dd/mm/		
	HOME TOWN (Specific District as per Service Record Not SERVICE PROFILE (In DAD)  Name of Office		Whether on Sensitive Assignment	Station	(dd/mm/y	(dd/mm/		
	HOME TOWN (Specific District as per Service Record Not SERVICE PROFILE (In DAD)  Name of Office		Whether on Sensitive Assignment	Station	(dd/mm/y	(dd/mm/		
	HOME TOWN (Specific District as per Service Record Not SERVICE PROFILE (In DAD)  Name of Office		Whether on Sensitive Assignment	Station	(dd/mm/y	(dd/mm/		
	HOME TOWN (Specific District as per Service Record Not SERVICE PROFILE (In DAD)  Name of Office		Whether on Sensitive Assignment	Station	(dd/mm/y	(dd/mm/		
	HOME TOWN (Specific District as per Service Record Not SERVICE PROFILE (In DAD)  Name of Office		Whether on Sensitive Assignment	Station	(dd/mm/y	(dd/mm/		
12	HOME TOWN (Specific District as per Service Record Not SERVICE PROFILE (In DAD)  Name of Office (Mention Sensitive assignment also)	Organisation	Whether on Sensitive Assignment (Yes / No)	Station	(dd/mm/y	(dd/mm/		
3 (	HOME TOWN (Specific District as per Service Record Not		Whether on Sensitive Assignment (Yes / No)		(dd/mm/y	(dd/mm/		
3 (C)	HOME TOWN (Specific District as per Service Record Not Not SERVICE PROFILE (In DAD)  Name of Office (Mention Sensitive assignment also)  CHOICE STATION (Station (NOT Office)where DAD offices are located.)	Organisation	Whether on Sensitive Assignment (Yes / No)		(dd/mm/y	(dd/mm/		

### ANNEXURE - 'A-2' (Contd.)

	Whether EDP trained (If yes, specify project)			
15	APAR GRADING	A.F.	SPAR2	AFA
16	BRIEF GROUNDS FOR EXEMPTION		INF/ANZ	MEN
	(If requesting and as per Transfer Policy)			
	Attach Latest Medical Certificate (NOT MEDICAL PRESCRIPTION) /Rel	evant certificate i	n other cases	
	DETAIL OF CERTIFICATE	, , , , , , ,	other cuses.	
	ISSUING AUTHORITY			
	ISSUE DATE		MONEY TO SERVE	
	GROUND MENTIONED IN CERTIFICATE			7.00
	GROUND MENTIONED IN CERTIFICATE NAME MENTIONED IN CERTIFICATE			
	GROUND MENTIONED IN CERTIFICATE  NAME MENTIONED IN CERTIFICATE  RELATION WITH EMPLOYEE			
	GROUND MENTIONED IN CERTIFICATE  NAME MENTIONED IN CERTIFICATE  RELATION WITH EMPLOYEE  PERIOD OF EXEMPTION REQUESTED			
	GROUND MENTIONED IN CERTIFICATE  NAME MENTIONED IN CERTIFICATE  RELATION WITH EMPLOYEE  PERIOD OF EXEMPTION REQUESTED  PREVIOUS EXEMPTIONS (if any)			
	GROUND MENTIONED IN CERTIFICATE  NAME MENTIONED IN CERTIFICATE  RELATION WITH EMPLOYEE  PERIOD OF EXEMPTION REQUESTED  PREVIOUS EXEMPTIONS (if any)  UNDERTAKING			
	GROUND MENTIONED IN CERTIFICATE  NAME MENTIONED IN CERTIFICATE  RELATION WITH EMPLOYEE  PERIOD OF EXEMPTION REQUESTED  PREVIOUS EXEMPTIONS (if any)			
	GROUND MENTIONED IN CERTIFICATE  NAME MENTIONED IN CERTIFICATE  RELATION WITH EMPLOYEE  PERIOD OF EXEMPTION REQUESTED  PREVIOUS EXEMPTIONS (if any)  UNDERTAKING  I hereby certify that the information furnished above are correct.			
	GROUND MENTIONED IN CERTIFICATE  NAME MENTIONED IN CERTIFICATE  RELATION WITH EMPLOYEE  PERIOD OF EXEMPTION REQUESTED  PREVIOUS EXEMPTIONS (if any)  UNDERTAKING  I hereby certify that the information furnished above are correct.  Date:	(SIGNATURE	OF APPLICAN	ut)
	GROUND MENTIONED IN CERTIFICATE  NAME MENTIONED IN CERTIFICATE  RELATION WITH EMPLOYEE  PERIOD OF EXEMPTION REQUESTED  PREVIOUS EXEMPTIONS (if any)  UNDERTAKING  I hereby certify that the information furnished above are correct.  Date:  (ALL COLUMN ARE MANDATORY AS PER APPLIC	(SIGNATURE	OF APPLICAN	IT)
	GROUND MENTIONED IN CERTIFICATE  NAME MENTIONED IN CERTIFICATE  RELATION WITH EMPLOYEE  PERIOD OF EXEMPTION REQUESTED  PREVIOUS EXEMPTIONS (if any)  UNDERTAKING  I hereby certify that the information furnished above are correct.  Date:	(SIGNATURE	OF APPLICAN	VT)
	GROUND MENTIONED IN CERTIFICATE  NAME MENTIONED IN CERTIFICATE  RELATION WITH EMPLOYEE  PERIOD OF EXEMPTION REQUESTED  PREVIOUS EXEMPTIONS (if any)  UNDERTAKING  I hereby certify that the information furnished above are correct.  Date:  (ALL COLUMN ARE MANDATORY AS PER APPLICATION OF THE CONTROLLY OF THE COLUMN ARE MANDATORY AS PER APPLICATION OF THE COLUMN AS PER APPLICATION OF THE COLUMN AS PER A	(SIGNATURE	OF APPLICAN	IT)
	GROUND MENTIONED IN CERTIFICATE  NAME MENTIONED IN CERTIFICATE  RELATION WITH EMPLOYEE  PERIOD OF EXEMPTION REQUESTED  PREVIOUS EXEMPTIONS (if any)  UNDERTAKING  I hereby certify that the information furnished above are correct.  Date:  (ALL COLUMN ARE MANDATORY AS PER APPLICATION (Yes/No))	(SIGNATURE	OF APPLICAN	NT)
,	GROUND MENTIONED IN CERTIFICATE  NAME MENTIONED IN CERTIFICATE  RELATION WITH EMPLOYEE  PERIOD OF EXEMPTION REQUESTED  PREVIOUS EXEMPTIONS (if any)  UNDERTAKING  I hereby certify that the information furnished above are correct.  Date:  (ALL COLUMN ARE MANDATORY AS PER APPLICATION OF THE CONTROLLY OF THE COLUMN ARE MANDATORY AS PER APPLICATION OF THE COLUMN AS PER APPLICATION OF THE COLUMN AS PER A	(SIGNATURE	OF APPLICAN	IT)
	GROUND MENTIONED IN CERTIFICATE  NAME MENTIONED IN CERTIFICATE  RELATION WITH EMPLOYEE  PERIOD OF EXEMPTION REQUESTED  PREVIOUS EXEMPTIONS (if any)  UNDERTAKING  I hereby certify that the information furnished above are correct.  Date:  (ALL COLUMN ARE MANDATORY AS PER APPLIC  (To be filled by the Controller's office)  RECOMMENDATION (Yes/No)  REASON (if Not recommended)	(SIGNATURE	OF APPLICAN	VT)
	GROUND MENTIONED IN CERTIFICATE  NAME MENTIONED IN CERTIFICATE  RELATION WITH EMPLOYEE  PERIOD OF EXEMPTION REQUESTED  PREVIOUS EXEMPTIONS (if any)  UNDERTAKING  I hereby certify that the information furnished above are correct.  Date:  (ALL COLUMN ARE MANDATORY AS PER APPLICATION (Yes/No))	(SIGNATURE	OF APPLICAN	VT)