



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 सं.-0522-2451084 कार्यालय फैक्स सं.-0522-2453038

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No. AN/1A/1004/Port Blair

Dated: 28/07/2021

TO,

IFA (CC), Lucknow  
Regional Training Centre, Lucknow  
All Sub Offices of Organization  
All Sections of Main Office

**SUB : Volunteers for Port Blair:SAs/Auditors/Clerks.**

**REF : HQrs Office letter No. AN/Estt. Others/10092/6/2021/P B Date: 26.07.2021**

Please refer to the HQrs Office circular cited under reference, wherein it has been sought volunteers amongst the SAs/Auditors/Clerks have been sought for transfer to Port Blair. In this regard it is requested to furnish the name of interested SAs/Auditors/Clerks serving in your office alongwith full particular and APAR grading for the last three years and other details in the enclosed Annexure 'A-1' latest by 13/08/2021.

Application of volunteers is invited on the basis of following criteria:-

- The Official should have completed minimum 02 years of service in the present serving station and for a new recruit; they should have completed 03 years stay at their present place of posting.
- Individuals, who will have 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.
- Individuals, who once volunteers for Port Blair station, will not be allowed to withdraw during the validity of volunteers list unless there are compelling medical/ personal reasons and recommended by the officers In-charge letter clearly bringing out the genuineness of the case supported with relevant documents/ certificates. Further, request for cancellation will not be entertained after issue of transfer order.
- Nil report is also required.

Enclosure: Annexure-'A-1'

*-sd-*  
JCDA (AN)

Copy to,

Officer-in- charge

OA Cell

(Local)

: for uploading on PCDA(CC) website.

*P. K. Jaiswal*  
AO (AN)

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

1	<b>ACCOUNT NO</b>					
2	<b>GENDER (Male / Female)</b>					
3	<b>NAME</b>					
4	<b>CATEGORY (GENERAL/OBC/SC/ST/PH)</b>					
5	<b>GRADE</b> (AAO/SO(A)/SAS(App)/SUPERVISOR(A/c)/Sr. AUDITOR/AUDITOR/CLERK/PS/STENO/HT/IHT/DEO/LIBRARIAN/MTS/DRIVER)					
6	<b>DATE OF BIRTH (DD/MM/YYYY)</b>					
7	<b>DATE OF APPOINTMENT (in DAD) (DD/MM/YYYY)</b>					
8	<b>DATE OF PROMOTION (DD/MM/YYYY)</b> (As Group 'C' in r/o Staff & as SO(A) in r/o officers)					
9	<b>ROSTER No.</b> (Mandatory in case of AAO)					
10	<b>Whether appearing in ensuing SAS Part-II</b> (in case of Sr. Auds/Auditors/Clerks/Stenos/DEOs)					
11	<b>HOME TOWN</b> (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	<b>SERVICE PROFILE (In DAD)</b>					
	<b>Name of Office</b>	<b>Organisation</b>	<b>Whether Sensitive Assignment (Yes / No)</b>	<b>Station</b>	<b>From Date (dd/mm/yyyy)</b>	<b>To Date (dd/mm/yyyy)</b>
13	<b>CHOICE STATION</b> (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	PORT BLAIR	
				Second Preference		
				Third Preference		

## Annexure 'A-1' (contd)

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	<b>UNDERTAKING</b> It is to undertake that the information furnished above are correct.			
18	Date: / /20	(SIGNATURE OF APPLICANT)		
<b>(ALL COLUMNS ARE MANDATORY AS PER APPLICABILITY)</b>				
<b>(To be filled by the Controller's office)</b>				
19	<b>GROUND FOR RECOMMENDATION</b> (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))		