#### "हर काम देश के नाम"



रक्षा लेखा प्रधान नियंत्रक (मध्य कमान) करियण्पा 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

(केवल वेवसाइट के माध्यम से)

<u>परिपत्र</u>

सं. प्रशा./1अ/1004/मुख्यालय/volunteers सेवा में, दि. 28.02.2023

प्रभारी अधिकारी

- 1- सभी अधीनस्थ कार्यालय/अनुभाग
- 2- क्षेत्रीय प्रशिक्षण केंद्र लखनऊ
- 3- एकीकृत वित्तीय सलाहकार (म.क.)

विषय: स्थानांतरण: रक्षा लेखा विभाग: Port Blair स्टेशन |

संदर्भ: मुख्यालय कार्यालय के दि. 27.02.2023 का पत्र संख्या AN/X/10092/6/2023/PB.

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उपर्युक्त संदर्भित पत्र के माध्यम से मुख्यालय कार्यालय द्वारा Port Blair स्टेशन पर तैनाती हेतु Sr Auditors/Auditors/Clks का स्वैच्छिक आवेदन मांगा गया है |

आप के कार्यालय /अनुभाग में सेवारत ऐसे Sr Auditors/Auditors/Clks जो मुख्यालय कार्यालय के उपर्युक्त संदर्भित पत्र की निर्धारित शर्तों को पूरा करते हों अपना आवेदन निर्धारित प्रारूप Annexure A-1 तथा B-1 (Annexure enclosed) में दिनांक- 02.03.2023 तक इस कार्यालय की Email ID-pcdaccan1a.dad@gov.in पर उपलब्ध कराने का कष्ट करें तथा हार्ड कॉपी भी प्रेषित करना सुनिश्चित करें |

निर्धारित तिथि के उपरांत प्राप्त आवेदनों पर इस कार्यालय द्वारा विचार नही किया जाएगा और न ही इस संबंध में कोई अभ्यावेदन (Representation) स्वीकार किया जाएगा |

*-६ Eता - —* लेखाधिकारी (प्रशा.)

प्रतिलिपि:

प्रभारी अधिकारी

स्वचलन कक्ष

र.ले.प्र.नि.(म.क.) लखनऊ की वैवसाइट पर अपलोड करने के लिए |

(स्थानीय)

लेखाधिकारी (प्रशा.)



### कार्यालय, रक्षा लेखा महानियंत्रक

## OFFICE OF THE CONTROLLER GENERAL OF DEFENCE ACCOUNTS

उलान बटार रोड, पालम, दिल्ली छावनी - 10

ULAN BATAR ROAD, PALAM, DELHI CANTT.-10

Ph. 011-25665568

Email:admnx.egda@nic.in



No. AN/X10092/6/2023/PB

Dated: 27/02/2023

Τo

1. The PCsDA/PCA(Fys)/PIFAs/CsDA/CsDA(Training Estt.)

Sub:Transfer Estt.: DAD- Port Blair

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

- a. He/She should have completed minimum 02 years in the present 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 gradings for the last three years and the other details may be forwarded in Annexure 'A-1' as prescribed vide HQrs circulars 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 apply for volunteer for Port Blair 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, request for cancellation will not be entertained after issue of transfer order.
- 3. It is requested to forward original application of all the volunteers strictly as per. Annexure 'A -1' along with connected data in Annexure 'B-1' as prescribed vide HQrs circular dated 08.08.2014 by 06/03/2023 to this office. Annexure 'B-1' may also kindly be forwarded in MS Excel through E-Mail (admnx.cgda@nic.in).
- 4. Nil report is also required.

5. Copy by post may not be awaited please.

(Sahil Gdyal) V. CGDA (Admin)

Copy to :-

(i) The IT&S Wing (Local) : For uploading on HQrs office website.

(ii) The AN-IV Section (Local): For information and necessary action please.

(Sahil Goyal)

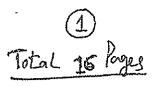
Dy. CGDA (Admin)



#### Annexure A-1

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

1	Α	CCO	UNT NO	·····				······································					
3			ER (Male / Female)	****									
3	-	MAM	E	<del></del>									
í		CATE	GORY (GENERAL/ORC/SC/ST/PH)			******							
	5	GRA	DE (AROTE VERTICAL DE LA ROTE VERTICA DE LA ROTE VERTICA DE LA ROTE VERTICA DE LA ROTE VERTICA DE LA ROTE	***************************************		····							
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	<u> </u>		E OF BIRTH (DD/MM/YYY)			*****							
	7	DAT	E OF APPOINTMENT (In DAD) (DD/MM/YYY	")									
	8	DAT	E OF PROMOTION IDEAMATORY				······································						
	9		Group 'C' in t/o Staff & as SO(A) in t/o officers)  STER No.										
	3	•	andatory in case of AAO)		į								
	10		nether appearing in ensuing SAS Part-II	P*************************************									
		Şîn i	ase of Sr. Auds/Auditors/Clerks/Stenos/DEOs)										
	13.	,	ME TOWN				++						
			pecific District as per Service Record & not		,								
		if DAD office not available at Home town, nearest Station to Home town where DAD office is situated											
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		,		-	Sensitive		(dd/mm/yyy	1					
					Assignment		y)	y)					
					(Yes / No)								
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		13	Icanaina MOT Officalushara DAD officat										
			are located and BHUTAN/ PORTSLAIR	Second Prefere	nce	1							
			may not be opted as a separate panel	Third Preferenc	е	<b>——</b>		·					
	1		exists for these stations)			I	1	Į.					



	Whether EDP trained (Yes/No) (If yes, specify project)			1
14	Whether EDF trained (100)		j	
<u> </u>	APAR GRADING			
15	(Upto two decimal places)			
16	Brief Grounds for tranfer:			
000000000000000000000000000000000000000				
<b>W</b>				
				1
		and the second of medical	I cases and Sen	ice
	Attach latest MedicalCertificate (NOT MEDICAL PRESCRIPTION & TEST REPORt certificate showing Station & Department from the employer in case of spaus	e		
17	UNDERTAKING			- 1
	It is to undertake that the information furnished above are correct.		_	į
18	Date://20	(SIGNATURE OF AF	PLICANT)	
	ALL COLUMNS ARE MANDATORY AS PER APPLICA	ABILITY)		
19	(Hard Tenure Completion, Age, Physically Challenged %, Medical Self, Medical Dependent, Serving Spouse - As per DoPT Guideline, Lady			OVERNITY METERS ADDRESSED AND ADDRESSED ADDRESSED AND ADDR
	Seeking Repatriation, Home Town, Stay Away)			j
30	If Not recommended reason thereof			
21	Whether any disciplinary case is pending against the individual.			**COMPANY TO A COMPANY TO A COM

2)

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# Name of Volunteersn from the Organisation Annexure 'B-1'

5 6 7 8 9	SL NO ACCOUNT N	O GENDER (M-Male F-Female		CATEGORY	GRADE	DOB Date of Birth (dd/mm/yyyy)	DOA Date of Appointment (dd/mm/yyyy)	HOME TOWN (as per Srl. 9 of Annexure A)
		3	4	5	6	7	8	9

(5)

### Annexure 'R-1' (contd)

		(dd/nnm/yyyy)				'N'•No}	g in ensuing SAS Part- II	(Upt	o two de number	
10	11	12	13	14	15	16	17	18	19	20





#### Annexure 'B-1' (contd)

GROUND  ("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	CERTIFICATE ATTACHED (Yes / No) (Whether latest Medical Certificate (NOT A MEDICAL PRESCRIPTION)/ Spouse service Certificate attached	RECOMMENDATI ON (Y-Yes, N-No)	If not recommended reason thereof-	Remarks (Detail whether volunteered for any other Panel/HYL)
21	22	23	24	25

