



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  
Office Phone No. 0522-2451084 Office Fax No. 0522-2453038  
**E-mail ID: pcdacan1a@gmail.com**



**परिपत्र**  
**(केवल वैंबसाइट द्वारा)**

सं. प्रशा./1अ/1004/मुख्यालय/मुंबई-पुणे

दिनांक: 05.11.2020

सेवा में,

र.ले.नि. (क्षे.प्र.के.) लखनऊ (RTC Lucknow)  
ए.वि.स. (म.क.) लखनऊ (IFA CC Lucknow)  
संगठन के सभी उप-कार्यालय (All sub - offices of organisation)  
मुख्य कार्यालय के सभी अनुभाग (All sections of Main Office)

**विषय : स्थानांतरण र.ले.वि. स्थापना मुंबई और पुणे स्टेशन: व.ले.प./ले.प./लिपिक से स्वैच्छिक आवेदन।**  
**Sub:- Applications of volunteers for Mumbai and Pune Station: Sr. Auditors / Auditors/Clerks.**

संदर्भ : मुख्या. कार्यालय का दिनांक 26/10/2020 का पत्रांक. स. AN/Estt. Others/10012/1/2020.  
Ref: HQs. Office dated 26/10/2020 letter no. AN/Estt.Others/10012/1/2020.

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मुख्यालय कार्यालय ने उपरोक्त संदर्भित परिपत्र के माध्यम से मुंबई स्टेशन पर तैनाती हेतु व.ले.प./ले.प./लिपिक से स्वैच्छिक आवेदन माँगे हैं। इच्छुक कर्मचारी इस परिपत्र के साथ संलग्न "Annexure-A-1" पर आवेदन कर सकते हैं। आवेदन इस कार्यालय में 11.11.2020 तक पहुँच जाने चाहिए।

Please refer to the above cited HQrs. Office circular, wherein it has been decided to invite applications of volunteers from Sr. Auditors/Auditors/Clerks. Willing officers/officials may apply in the format enclosed as "Annexure-A-1" to this circular. The applications must reach this office by 11.11.2020.

स्वैच्छिक आवेदन निम्न लिखित आश्वासन के साथ माँगे जा रहे हैं:-

It is assured that:-

I. मुंबई और पुणे स्टेशन पर 2 वर्ष का निर्धारित कार्यकाल पूरा करने के उपरान्त अधिकारियों/कर्मचारियों को उनके द्वारा दिये गए तीन इच्छित स्टेशनो में से उपलब्ध रिक्ति के अनुसार तैनाती दी जाएगी।

After completion of stay of 2 years in Mumbai and Pune station the officers/officials will be posted to one of the three choice stations furnished by them as per availability of vacancy.

II. इसके अलावा यह भी सूचित किया जाता है, कि जब तक वहाँ के लिए कोई चिकित्सा/व्यक्तिगत अधर नहीं है, तब तक नाम नहीं लिया जा सकता/स्थानांतरण आदेश जारी होने के पश्चात उसके रद्द करने के अनुरोध पर विचार नहीं किया जायेगा।

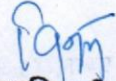
Further, it is intimated that withdrawal of the name unless there are pressing medical/personal grounds for the same, will not be allowed/ request for cancellation after issue of transfer orders will also not be entertained.

— हस्ता—  
संयुक्त नियंत्रक  
P.T.O.

प्रतिलिपि/Copy to :-  
प्रभारी अधिकारी  
स्वचलन कक्ष (स्थानीय)  
The Officer I/c  
OA Cell (Local

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

- For uploading on website of PCDA (CC) Lucknow.

  
लेखा अधिकारी (प्रशा.)

**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 (AAd/SOA)/SAs(Add)/SUPERVISOR/N/C/Sr.AUDITOR/AUDITOR/CLERK/PS/STENO/H1/H17/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			

14	Whether EDP trained (Yes/No) (If yes, specify project)	
15	APAR GRADING (Upto two decimal places)	
16	Brief Grounds for transfer:	
<p><i>Attach latest Medical Certificate (NOT MEDICAL PRESCRIPTION &amp; TEST REPORTS) in respect of medical cases and Service certificate showing Station &amp; Department from the employer in case of spouse.</i></p>		
17	<b>UNDERTAKING</b>	
<p>It is to undertake that the information furnished above are correct.</p>		
18	Date: ___/___/20___	(SIGNATURE OF APPLICANT)
<p><b>(ALL COLUMNS ARE MANDATORY AS PER APPLICABILITY)</b></p>		
<p><u>(To be filled by the Controller's office)</u></p>		
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))