



कार्यालय रक्षा लेखा प्रधान नियंत्रक (मध्य कमान), करियप्पा मार्ग, लखनऊ छावनी -226002
Office of the Principal Controller of Defence Accounts (Central Command) Cariappa
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No. AN/1A/1004/Hqrs/Northern Region

Dt : 20.03.2018

CIRCULAR

(Throuth Website Only)

To,

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

Sub: Transfer Estt. DAD : Volunteers for Northern Region.

Ref: Hqrs Office Circular No. 0600/AN-X/Volunteer/2018/Voll.II dated 19.03.2018

Please ascertain and intimate name of volunteers amongst AAOs/Sr.Adr./Auditors./Clks/MTS, who have completed minimum 03 years at the present serving station, for posting to centrally controlled stations of Northern Region viz. Bhadarwah, Kargil, Leh, Poonch, Rajouri & Srinagar in Northern Region so as to reach this office latest **by 26.03.2018**.

2. While forwarding names of volunteers the service particulars of the volunteers and other details may be forwarded in the enclosed 'Annexure A-1 & C'. Only those individual who have a residual service of at least 02 years at the time of selection will be considered for posting to Northern Region.

3. Individuals, who once apply for the panel will not be allowed to withdraw during the validity of the panel unless there are compelling medical/personal reasons. Request for cancellation will not be entertained after issue of transfer order.

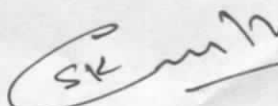
4. Nil report is also required.

Encls: As Above

--sd--
(Pritam Dutta)
DCDA (AN)

Copy to:

1. The OI/c - for uploading on PCDA (CC) website
OA Cell
[Local]


(S.K.Gupta)
SAO (AN)

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14	Whether EDP trained (Yes/No) (If yes, specify project)			
15	APAR GRADING (Upto two decimal places)	APAR1	APAR2	APAR3
16	Brief Grounds for transfer:			
<p><i>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.</i></p>				
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)				
<p><u>(To be filled by the Controller's office)</u></p>				
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))		

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