



सत्यमेव जयते

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

सं : प्रशा/1अ/1004/मुख्यालय/उत्तरी क्षेत्र

दिनांक : 27/10/2020

सेवा में

प्रभारी अधिकारी, सभी अधीनस्थ कार्यालय (All Sub Offices of Organization)
मुख्य कार्यालय, लखनऊ के सभी अनुभाग (All Sections of Main Office)
क्षेत्रीय प्रशिक्षण केन्द्र, लखनऊ (Regional Training Centre, Lucknow)
एकीकृत वित्तीय सलाहकार (मध्य कमान) लखनऊ (IFA (CC), Lucknow)

विषय : उत्तरी क्षेत्र के लिए स्वैच्छिक आवेदन : व.ले.प./ले.प./लिपिक/एम.टी.एस.

SUB : Volunteers for Northern Region. : SAs/Auditors/Clerks/MTS

संदर्भ : मुख्यालय कार्यालय पत्र संख्या 0600/AN/Estt-Other/Tenure/2020/Vol-II/ Volunteers
दिनांक: 23/10/2020 (मुख्यालय की वेबसाइट पर उपलब्ध)

REF : HQrs Office letter No. 0600/AN/Estt-Other/Tenure/2020/VolI/Volunteers दिनांक:
23/10/2020.

मुख्यालय कार्यालय ने उपरोक्त संदर्भित परिपत्र के माध्यम से वरिष्ठ लेखापरीक्षक/लेखापरीक्षक/लिपिक/एम.टी.एस. निम्नलिखित उत्तरी क्षेत्र के स्टेशनों के लिए स्वैच्छिक आवेदन माँगे हैं। इच्छुक वरिष्ठ लेखापरीक्षक/लेखापरीक्षक/लिपिक/एम.टी.एस., जिन्होंने वर्तमान स्टेशन पर अपना 03 वर्ष का कार्यकाल पूरा कर लिया है, अपना आवेदन संलग्न प्रारूप (Annexure 'A-1') में भरकर इस कार्यालय में दिनांक 10/11/2020 तक प्राप्त होना सुनिश्चित करें।

Please refer to the above cited HQrs Office circular, wherein it has been decided to invite applications of volunteers for the under-mentioned northern region station from SAs/Auditors/Clerks/MTS. Those SAs/Auditors/Clerks/MTS, who have completed minimum 03 years at the present serving station may apply in prescribed proforma (Annexure 'A-1') & confirm the receipt to this office by 10/11/2020.

1.	भदरवा/Bhadarwah	2.	कारगिल/Kargil	3.	लेह/Leh
4.	पुंज/Poonch	5.	राजौरी /Rajouri	6.	श्रीनगर /Srinagar

2. जिन लोगों की पोस्टिंग के समय कम से कम 02 वर्ष की सेवा शेष होगी, उन्हें उत्तरी क्षेत्र में तैनाती हेतु विचार किया जाएगा।

2. Those who will be having a residual service of at least 02 years at the time of posting will be considered for posting to the Northern Region.

यदि एक बार स्वैच्छिक आवेदन हार्ड स्टेशन तैनाती हेतु चयनित कर लिया गया, तो किसी प्रकार का अस्थगन/निरस्त/परिवर्तन का अनुरोध स्वीकार नहीं किया जाएगा (बाध्यकारी चिकित्सा / व्यक्तिगत कारणों के अतिरिक्त)।

Further, once the volunteers selected for posting to Hard Station, any request for deferment/cancellation/change of posting will not be entertained (except on compelling medical / personal reasons).

संलग्नक/Enclosure:- उपरोक्त/As above.

-एस्ता-
संयुक्त नियंत्रक

प्रतिलिपि :-

प्रभारी अधिकारी

स्वचलन कक्ष(स्थानीय)

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

किशोर
ले.अ.(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 (AAO/SO(A)/SAS(App)/SUPERVISOR(A/c)/Sr. AUDITOR/AUDITOR/CLERK/PS/STENO/H1/IHT/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				

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Total 16 Pages

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	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)				
(To be filled by the Controller's office)				
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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