

## कार्यालय रक्षा लेखा प्रधान नियंत्रक (मध्य कमान) करियप्पा मार्ग लखनऊ छावनी -

Office of the Principal Controller of Defence Accounts (Central Command) Cariappa Road, Cantt., Lucknow, Pin Code – 226002

कार्यालय दूरभाव सं.-0522-2451084 कार्यालय फैक्स सं.-0522-2453038 Office Phone No. 0522-2451084 Office Fax No. 0522-2453038

E-mail ID: pcdaccan1a.dad@gov.in

No. AN/1A/1004/Port Blair

Dated: 09/02/2021

TO,

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

SUB: Volunteers for Port Blair (2020-21): AAOs

REF: HQrs Office letter No. AN/Estt. AAO/9010/Port Blair/2020-21 Date: 04.02.2021

Please refer to the HQrs Office circular cited under reference, wherein it has been sought volunteers amongst the AAOs serving under your office for transfer to Port Blair. In this regard it is requested to furnish the name of interested AAOs alongwith full particular and APAR grading for the last three year and other details in the enclosed Annexure 'A-1' latest by 12/02/2021.

Applications of volunteers are invited on the basis of following criteria:-

- The Officers should have completed minimum 02 years of service in the present serving station and for AAOs on provisioning, 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 b. be considered for posting to Port Blair and will be repatriated to one of their three choice stations on completion of prescribed tenure.
- The officers, 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 PCDA under a DO letter clearly bringing out the genuineness of the support with relevant documents/ certificates. Further request for cancellation will not be entertain after issue of transfer order.
- Nil report is also required. d.

Enclosure: Annexure-'A'

JT.CDA

Copy to,

Officer-in-charge

OA Cell

(Local)

: for uploading to PCDA website.

## "हर एक काम देश के नाम"



### कार्यालय रक्षा लेखा महानियंत्रक

# OFFICE OF THE CONTROLLER GENERAL OF DEFENCE ACCOUNT

# उलान बटार रोड, पालम, दिल्ली छावनी — 10 ULAN BATAR ROAD, PALAM, DELHI CANTT. - 10



#### **CIRCULAR**

No. AN/Estt. AAO/9010/Port Blair/2020-21

Dated: 04.02.2021

To,

1

All PCsDA/PCA(Fys)/CsDA

Sub: Volunteers for Port Blair (2020-21): AAOs.

The Competent Authority has decided to invite application of volunteers from AAOs for Port Blair station on the following criteria:

- (i) Officers should have completed minimum 02 years of service in the present serving station and for AAOs on provisioning, they should have completed 03 years stay at their present place of posting.
- (ii) Officers, 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 different choice stations on completion of prescribed tenure.
- (iii) 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 circular dated 08.08.2014.
- (iv) In case the officers 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. Officers, who once volunteer for Port Blair station, will not be allowed to withdraw during the validity of volunteer list unless there are compelling medical / personal reasons and recommended by the of Principal Controller / Controller under a DO letter clearly bringing out the genuineness of the case supported with relevant documents/certificates. Further, requests 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-l' as prescribed vide HQrs circular dated 08.08.2014 by **20**<sup>th</sup> **February 2021**. Annexure 'B-1' may also be forwarded in **MS Office Excel format** to CGDA AN (Estt. AAO) Email ID (admnix.cgda@nic.in).
- The application received after due date will not be considered.

**NIL report** is also required. Copy by post may not be awaited.

> (Sunil Srivastava) AO (Admin)

Copy to:

1) AN-Pay Section (Local) - For information w.r.t. above and necessary action please.

2) IT & S Wing (Local) - With a request to upload on CGDA Website.

(Sunil Srivastava) AO (Admin)

# **VOLUNTEER APPLICATION**

(Original copy to be forwarded to HQrs.)

				Contract of the second			
1	ACCOUNT NO  GENDER (Male / Female)  NAME  CATEGORY (GENERAL/OBC/SC/ST/PH)  GRADE (AAO/SO(A)/SAS(APP)/SUPERVISIOR(A/c)/Sr.AUDITOR/AUDITOR/CLERK/PS/STENO/HT/JHT/ DEO/LIBRARIAN/MTS/DRIVER)  DATE OF BIRTH (DD/MM/YYYY)  DATE OF APPOINTMENT (in DAD) (DD/MM/YYYY)  (As Group 'C' in r/o Staff & as SO(A) in r/o officers)  ROSTER No. (Mandatory in case of AAO)						
2	GENDER (Male / Female)						
3	NAME						
4	CATEGORY (GENERAL/OBC/SC/ST/PH)						
5		CLERK/PS/STENO/HT/JHT/					
6	DATE OF BIRTH (DD/MM/YYYY)						
7	DATE OF APPOINTMENT (in DAD) (DD/MM/YY	YYY)					
8			1 -				
9							
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 & no						
	If DAD office not available at Home town, r where DAD office is situated						
12	SERVICE PROFILE (In DAD)						
	Name of Office	Organisation	Whether Sensitive Assignment (Yes / No)	Station		To Date (dd/mm/yyy y)	
		1					
13	CHOICE STATION (Station (NOT Office)where DAD offices	First Preferen			PORT BLAIR		
	are located and BHUTAN/ PORTBLAIR	Second Prefer					
	may not be opted as a separate panel exists for these stations)						

## 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 tranfer:	
	Attach latest MedicalCertificate (NOT MEDICAL PRESCRIPTION & certificate showing Station & Department from the employer in	& TEST REPORTS) in respect of medical cases and Service case of spouse.
17	UNDERTAKING	
	It is to undertake that the information furnished above are	e correct.
		· · · · · · · · · · · · · · · · · · ·
18	Date: / /20	(SIGNATURE OF APPLICANT)
18	Date: / /20  (ALL COLUMNS ARE MANDATORY A	
18	(ALL COLUMNS ARE MANDATORY A  (To be filled by the Controller's office)	
18	(ALL COLUMNS ARE MANDATORY A  (To be filled by the Controller's office) GROUND FOR RECOMMENDATION	S PER APPLICABILITY)
	(ALL COLUMNS ARE MANDATORY A  (To be filled by the Controller's office)  GROUND FOR RECOMMENDATION  (Hard Tenure Completion, Age, Physically Challenged %, M	S PER APPLICABILITY)  ledical Self,
	(ALL COLUMNS ARE MANDATORY A  (To be filled by the Controller's office) GROUND FOR RECOMMENDATION (Hard Tenure Completion, Age, Physically Challenged %, M Medical Dependent, Serving Spouse - As per DoPT Guidelin	S PER APPLICABILITY)  ledical Self,
	(ALL COLUMNS ARE MANDATORY A  (To be filled by the Controller's office)  GROUND FOR RECOMMENDATION  (Hard Tenure Completion, Age, Physically Challenged %, M	S PER APPLICABILITY)  ledical Self,
	(ALL COLUMNS ARE MANDATORY A  (To be filled by the Controller's office) GROUND FOR RECOMMENDATION (Hard Tenure Completion, Age, Physically Challenged %, M Medical Dependent, Serving Spouse - As per DoPT Guidelin	S PER APPLICABILITY)  ledical Self,
19	(ALL COLUMNS ARE MANDATORY A  (To be filled by the Controller's office) GROUND FOR RECOMMENDATION (Hard Tenure Completion, Age, Physically Challenged %, M Medical Dependent, Serving Spouse - As per DoPT Guidelin Seeking Repatriation, Home Town, Stay Away)	S PER APPLICABILITY)  ledical Self,
19	(To be filled by the Controller's office) GROUND FOR RECOMMENDATION (Hard Tenure Completion, Age, Physically Challenged %, M Medical Dependent, Serving Spouse - As per DoPT Guidelin Seeking Repatriation, Home Town, Stay Away)  If Not recommended reason thereof  Whether any disciplinary case is pending against the	S PER APPLICABILITY)  ledical Self,

SI. No.	Account No.	Gender M-Male, F- Female	NAME	CATE GORY	GRADE	DOB Date of Birth (dd/mm/yyyy)	Date of	HOME TOWN (as per SI. 9 of Annexure A)		Choice I	Choice 2	Choice 3	EDP ('Y'-yes/' N' No)	Whether appearing in ensuing SAS Part II	APAR 1	APAR 2	APAR 3	(Tenure' Hard Tenure Completion,	ATTATCHED (Yes/No) (Whether	ATION (y-Yes,	reason thereof	f (Detail f whether voluntee
							30/mm/yyyy)		3		•							58 years, 'PC' Physically Challenged (above 50%), 'MED.Self- Medical self,	latest Medical Certificate(NO T A MEDICAL PRESCRIPTION )/Spouse serving Certificate attatched			for any o
														8	(Upto two dec	simal number)						