



रक्षा लेखा प्रधान नियंत्रक (मध्य कमान) करियप्पा मार्ग, लखनऊ छावनी -226002
Principal Controller of Defence Accounts (Central Command) Cariappa Road,
Lucknow Cantt.- 226002

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परिपत्र

सं. प्रशा/1अ/1004/मुख्यालय/परिपत्र

दिनांक: 21/09/2023

सेवा में,

- 1.) मुख्य कार्यालय, लखनऊ के सभी अनुभाग (All Sections of Main Office)
- 2.) प्रभारी अधिकारी, सभी अधीनस्थ कार्यालय (All Sub Offices of Organization)
- 3.) क्षेत्रीय प्रशिक्षण केन्द्र, लखनऊ (Regional Training Centre, Lucknow)
- 4.) इस संगठन के अंतर्गत सभी एकीकृत वित्तीय सलाहकार कार्यालय (All IFA offices under this command).

विषय : Master Establishment/Transfer Establishment and Sensitive Roster में डाटा का अद्यतनीकरण हेतु इस कमान में कार्यरत सभी व.ले.अ/स.ले.अ की सर्विस प्रोफाइल का प्रेषण।

SUB : Regarding rendering of Service Profiles of SAOs/AAOs serving in this command for updation of Master Establishment/Transfer Establishment and Sensitive Roster.

(Through Website only)

उपरोक्त विषय के सम्बन्ध में यह अवगत कराया जाता है कि इस अनुभाग द्वारा इस कमान के अंतर्गत सभी कार्यालयों में कार्यरत सभी व.ले.अ/स.ले.अ की सर्विस प्रोफाइल के आधार पर Master Establishment/Transfer Establishment and Sensitive Roster का अद्यतनीकरण होता है। कई सर्विस प्रोफाइल में विवरण पूर्ण रूप से उपलब्ध नहीं है अथवा कुछ अधिकारियों की सर्विस प्रोफाइल प्रशा.1अ अनुभाग को प्रेषित नहीं की गयी है जिससे उक्त क्रिया में समस्या आती है।

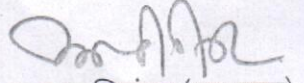
आपसे अनुरोध है कि आपके कार्यालय/अनुभाग में वर्तमान में कार्यरत सभी व.ले.अ/स.ले.अ की सर्विस प्रोफाइल अनुलग्नक -'A-1' (प्रति संलग्न) में इस कार्यालय में returned e-mail के माध्यम से तत्काल भेजना सुनिश्चित करें।

With respect to the above mentioned subject it is intimated that this section maintains/updates Master Establishment/Transfer Establishment/Sensitive Roster of all SAOs/AAOs serving in all offices under this command on the basis of service profiles of all officers. Some service profiles are forwarded without complete details while some profiles are not forwarded to AN-1a section.

P.T.O

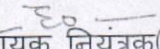
You are therefore requested to forward service profiles (Annexure-'A-1') of all SAOs/AAOs (presently serving) in your office/section through returned e-mail immediately.

संलग्नक : उपरोक्त।


सहायक नियंत्रक(प्रशासन)

प्रतिलिपि/Copy to:-

प्रभारी अधिकारी, स्वचलन कक्ष (स्थानीय) : र.ले.प्र.नि.(म.क.) लखनऊ की वेबसाइट पर अपलोड करने हेतु
Officer-in/Charge OA Cell (Local) For uploading on website of PCDA (CC), Lucknow


सहायक नियंत्रक(प्रशासन)

VOLUNTEER APPLICATION

(Original copy to be forwarded to HQrs.)

1	ACCOUNT NO					
2	GENDER (Male / Female)					
3	NAME					
4	CATEGORY (GENERAL/OBC/SC/ST/Pw)					
5	GRADE <small>(OFFICERS: SA/AS/ADPS, SUPERVISOR/CLERK, ATTENDANT/JUNIOR CLERK/MASTER/ENGINEER, DEPUTY ASSISTANT FOREMAN)</small>					
6	DATE OF BIRTH (DD/MM/YYYY)					
7	DATE OF APPOINTMENT (in DAD) (DD/MM/YYYY)					
8	DATE OF PROMOTION (DD/MM/YYYY) <small>(As Group 'X' in r/o Staff & as SO(A) in r/o officers)</small>					
9	ROSTER No. <small>(Mandatory in case of AAO)</small>					
10	Whether appearing in ensuing SAS Part-II <small>(As per 'S' Audit/Asst. Insps./Steno./DEOs)</small>					
11	HOME TOWN <small>(Specific District as per Service Record & not Village or State)</small> <small>If DAD office not available at Home town, nearest Station to Home town where DAD office is situated</small>					
12	SERVICE PROFILE (In DAD)					
	Name of Office	Organisation	Whether Sensitive Assignment (Yes / No)	Station	From Date (dd/mm/yyyy) y)	To Date (dd/mm/yyyy) y)
13	CHOICE STATION <small>(Station (NOT Office) where DAD offices are located and BHITAN/ PORTBLAIR may not be opted as a separate panel except for these stations)</small>		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 Status & 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 therefor	_____ _____ _____		
21	Whether any disciplinary case is pending against the individual	_____ _____		
22	Date: ___/___/20__	(SIGNATURE AND SEAL OF GO(AN))		