



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

Principal Controller of Defence Accounts (Central Command) Cariappa Road,
Lucknow Cantt.- 226002

कार्यालय फोन सं.-0522-2451084/कार्यालय फ़ैक्स सं-0522-2453038

Office Phone No.-0522-2451084/Office Fax No.-0522-2453038

Email ID - pcdacan1a@gmail.com



महत्वपूर्ण परिपत्र

सं. प्रशा./1अ/1004/स.ले.अ.

दिनांक: 07.09.2020

सेवा में,

एकीकृत वित्तीय सलाहकार (म.क.) लखनऊ

विषय : Transfer: DAD Establishment- IFAs.

संदर्भ : मुख्या. कार्यालय का दिनांक 02.09.2020 का पत्र सं. AN/Estt.-AAO/9010/IFA/2020.

मुख्यालय कार्यालय के संदर्भित पत्र द्वारा उन सहायक लेखा अधिकारियों के नाम मांगे गए हैं जो इस संगठन के प्रोफर्मा नियंत्रण में एकीकृत वित्तीय सलाहकार कार्यालयों (IFA Offices) में तैनात हैं।

2. कृपया सभी एकीकृत वित्तीय सलाहकार कार्यालयों (IFA Offices) में तैनात सहायक लेखा अधिकारियों द्वारा Annexure-A-1 (प्रति संलग्न) दो प्रति में इस कार्यालय को भेजना सुनिश्चित करें।

3. कृपया रिपोर्ट दिनांक 10/09/2020 तक इस कार्यालय में भेजना सुनिश्चित करें।

— हस्ता —



व. लेखा अधिकारी (प्रशा.)

प्रतिलिपि

प्रभारी अधिकारी, स्वचलन कक्ष (स्थानीय) : र.ले.प्र.नि.(म.क.) लखनऊ की वेबसाइट पर अपलोड करने हेतु

व. लेखा अधिकारी (प्रशा.)

“हर काम देश के नाम”

	<p>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. 110010</p>	
---	--	---

No. AN/Estt.-AAO/9010/IFA/2020

Dated : 02 /09/2020

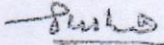
To

The PCDA (CC)
Lucknow

Sub : Transfer Establishment : DAD.

The competent authority has decided to call for details of AAOs serving in IFA Offices under your Proforma control. It is, therefore requested to furnish the service profile in the **Annexure “A-I” (Copy enclosed)** of all AAOs posted in IFA offices. If name of any of the officer has been sponsored for deputation or other panel like Bhutan/Port Blair etc., as on the date of forwarding of list, the same should invariably be mentioned.

The report in MS-Excel may kindly be furnished to this office through email (admnix.cgda@nic.in) and information in hard copy alongwith the requisite information may be sent to this office by **14th September'2020 positively.**



(Sushil Kumar)

Sr. Accounts Officer (Admin)

(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/HT/JHT/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)				-- NA--
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) y)
					To Date (dd/mm/yyyy) y)
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)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"></td> <td style="width:33%;"></td> <td style="width:33%;"></td> </tr> </table>			
16	Brief Grounds for tranfer:				
<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>					
17	UNDERTAKING It is to undertake that the information furnished above are correct.				
18	Date:	(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))			