

रक्षा लेखा नियंत्रक का कार्यालय, उदयन विहार, नारंगी, गुवाहाटी78117-1 Office of the Controller of Defence Accounts, Udayan Vihar, Narangi, Guwahati-781171

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No. AN/1A/Misc /Corr/Vol-XV

Date: 22 /07/2022

IMPORTANT CIRCULAR No. 70

To,

- 1. All sections in Main Office CDA Guwahati (Through Website)
- 2. All sub Offices under CDA Guwahati (Through Website)

Subject;

Annual report for Inter Command transfer: DAD Estt

Reference:

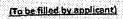
HQrs Office letter No AN/X//10050/10-2022 dated 21/ 07/2022

With reference to HQrs Office letter cited above, it is intimated that the officials volunteered for Inter Command transfer are required to fill up their applications in prescribed format (attached) and must indicate their three valid choice stations for transfer. The applications having repetition of choice stations will not be entertained and may be considered for posting on administrative ground for such offices where requirement exists. and forward the same to this office in prescribed proforma so as to reach in this office on or before 19/08/2022 positively. Application received beyond the prescribed date will not be entertained.

Enclo:

As stated above.

(Debabrata Das)
Acconts Officer (AN)



VOLUNTEER APPLICATION

(Original copy to be forwarded to HQrs.)

1	ACCOUNT NO			:				
2	GENDER (Male / Female)			:				
3	NAME							
4,	GRADE							
5	DATE OF BIRTH							
6	DATE OF APPOINTMENT (DAD)							
7	DATE OF PROMOTION (As Clerk in r/o Staff & as SO(A) in r/o officers)			-				
8	ROSTER No. & CATEGORY (Mandatory in case of AAO)							
9	HOME TOWN (Specific District as per Service Record & not Village or State)							
	If DAD office not available at Home town, where DAD office is situated	, nearest Station	i to Home town	F		• • • • • • • • • • • • • • • • • • •		
:10	SERVICE PROFILE (In DAD)			4				
	Name of Office	Organisation	Whether Sensitive Assignment (Yes / No)	Station		To Date (dd/mm/yyy y)		
	<u> </u>							
						1		
				T				
11	CHOICE STATION	First Preferenc	je .					
	(Station (NOT Office) where DAD offices are located)	Second Preference						
		Third Preference						
						P.T.O		

(To be filled by applicant)

Date:

12 Whether EDP trained (Yes/No) (If yes, specify project)

Annexure 'A-1'

VOLUNTEER APPLICATION

(Original copy to be forwarded to HQrs.)

			i e e e e e					
	APAR GRADING	APAR1	APAR2	APAR3				
	(Upto two decimal places)							
14	Brief Grounds for transer:							
			•					
	* ************************************							
	Attach latest MedicalCertificate (NOT MEDICAL PRESCRIPTION & TEST REPORTS) in respect of medical cases and Service							
	certificate showing Station & Department from the employer in case of spouse.							
	If Spouse serving in DAD, Specify Office & Station of present posting.							
	Station for which Spouse has applied as volunteer/Station Senior							
	Station to which Spoose has applied as volunteer/Station Sellion							
	UNDERTAKING	L						
	UNDERTAKING It is to undertake that the information furnished above are correct.	(SIGNATI	IRF OF APPLIC	ANTI				
	UNDERTAKING	(SIGNATL	IRE OF APPLIC	ANT)				
	UNDERTAKING It is to undertake that the information furnished above are correct.		IRE OF APPLIC	ANT)				
	UNDERTAKING It is to undertake that the information furnished above are correct. Date: (ALL COLUMNS ARE MANDATORY AS PER APPLICATION DE filled by the Controller's office)		IRE OF APPLIC	ANT)				
16	UNDERTAKING It is to undertake that the information furnished above are correct. Date: (ALL COLUMNS ARE MANDATORY AS PER APPLICATION OF THE CONTROLL OF THE COLUMN OF TH		IRE OF APPLIC	ANT)				
16	UNDERTAKING It is to undertake that the information furnished above are correct. Date: (ALL COLUMNS ARE MANDATORY AS PER APPLICATION FOR RECOMMENDATION (Hard Tenure Completion, Age, Physically Challenged %, Medical Self,		IRE OF APPLIC	ANT)				
16	UNDERTAKING It is to undertake that the information furnished above are correct. Date: (ALL COLUMNS ARE MANDATORY AS PER APPLICATION OF THE CONTROLL OF THE COLUMN OF TH		IRE OF APPLIC	ANT)				
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(SIGNATURE AND SEAL OF GO(AN))