

	<p>रक्षा लेखा नियंत्रक का कार्यालय, गुवाहाटी उदयन विहार, नारंगी, गुवाहाटी-781171 Controller of Defence Accounts, Udayan Vihar, Narangi, Guwahati-781171 Fax: 0361-26 40204, Phone: 0361-2640394, 2641142 e-mail: cdaguwadmin1a.dad@hub.nic.in</p>	
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Important Circular No. 100

To,

1. All Sections in Main Office CDA Guwahati (Through Website)
2. All Sub Offices, including IFAs (Through Website)

Subject: **Transfer Estt. DAD: Repatriation from Hard/Tenure stations**

Reference: HQrs Office letter No. AN/X/10050/10/2023/Repatriation (Hard/Tenure)/ Vol. I dated 07/07/2023


In continuation of HQrs office letter No. AN/X/10050/2023/Repatriation (Hard/Tenure)/Vol-I dated 11.05.2023, please refer to HQrs office letter cited under reference vide which names of officials (up to AAO level) serving in Hard/Tenure Stations and willing for repatriation to their choice station & completing their tenure till 31/12/2023 but could not apply for the same within the time previously stipulated in this office circular No.54 dated 12.05.2023, has been asked for.

It is therefore requested to forward applications of officials (up to AAO level) willing for repatriation from Hard/Tenure stations to their choice stations and fulfilling the criteria mentioned above, in the Proforma (copy enclosed) prescribed by the HQrs. Office by 14/07/2023 positively.

Enclosure: As above

File No. AN/IA/IC/AAO/Vol-XXIV

Dated : 11/07/2023


 (Rantu Saikia, IDAS)
 Asstt. Controller (AN)

(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/SOA/SAS(Aod)/SUPERVISOR(A/K/Sr.)AUDITOR/AUDITOR/CLERK/PS/STENO/HI/LHT/ DCHA/DRARIAN/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	<div style="display: flex;"> <div style="flex: 1;"> SERVICE PROFILE (In DAD) Name of Office </div> <div style="flex: 1;">Organisation</div> <div style="flex: 1;">Whether Sensitive Assignment (Yes / No)</div> <div style="flex: 1;">Station</div> <div style="flex: 1;">From Date (dd/mm/yyyy)</div> <div style="flex: 1;">To Date (dd/mm/yyyy)</div> </div>					
13	<div style="display: flex;"> <div style="flex: 1;"> 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) </div> <div style="flex: 1;">First Preference</div> <div style="flex: 1;"></div> <div style="flex: 1;"></div> <div style="flex: 1;"></div> <div style="flex: 1;"></div> </div> <div style="display: flex;"> <div style="flex: 1;"></div> <div style="flex: 1;">Second Preference</div> <div style="flex: 1;"></div> <div style="flex: 1;"></div> <div style="flex: 1;"></div> <div style="flex: 1;"></div> </div> <div style="display: flex;"> <div style="flex: 1;"></div> <div style="flex: 1;">Third Preference</div> <div style="flex: 1;"></div> <div style="flex: 1;"></div> <div style="flex: 1;"></div> <div style="flex: 1;"></div> </div>					

14	Whether EDP trained (Yes/No) (If yes, specify project)			
15	APAR GRADING (Upto two decimal places)			
16	Brief Grounds for transfer:			
<p>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.</p>				
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))		