

रक्षा लेखा नियंत्रक का कार्यालय, गुवाहाटी उदयन विहार, नारंगी, गुवाहाटी- 781171  
OFFICE OF THE CONTROLLER OF DEFENCE ACCOUNTS, GUWAHATI  
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AN/1A/IC/ADR/Vol-XXVIII

Dt. 30/03/2015

**IMPORTANT CIRCULAR NO.26**

To

1. All Section in MO CDA Guwahati
2. All Sub-Offices

**Subject: Transfer DAD Establishment- Group 'C' & 'B' employees and upto the level of AAOs.**

Half Yearly report for Inter-Command transfer in respect of staff and officer, to be furnished during 03/2015 to HQrs. Office, is due in April, 2015.

Accordingly, willing staffs and officers may prefer their applications for Inter -Command transfer to their choice stations as per "Proforma" uploaded in the website of CDA Guwahati, so as to reach this office latest by 11/04/2015. Applications received after the scheduled date will under no circumstances be entertained.

As regards the request of new recruits for Inter-Command transfer, it is stated that the newly recruited staffs are required to serve at the initial stations of posting for 03(three) years before seeking a choice station of posting. In the case of newly recruited lady employees, the period is, however, 02 (two) years.

-SD-

(H B Dutta)

Sr. Accounts Officer (AN)

Copy to:

Oi/C

EDP (Local):

for uploading the same on website.

(H B Dutta)

Sr. Account Officer (AN)



**VOLUNTEER APPLICATION**  
(Original copy to be forwarded to HQrs.)

1	<b>ACCOUNT NO</b>					
2	<b>GENDER</b> (Male / Female)					
3	<b>NAME</b>					
4	<b>CATEGORY</b> (GENERAL/OBC/SC/ST/PH)					
5	<b>GRADE</b> (AAO/SO(A)/SAS(App)/SUPERVISOR(A/c)/Sr.AUDITOR/AUDITOR/CLERK/PS/STENO/HT/IHT/DEO/LIBRARIAN/MTS/DRIVER)					
6	<b>DATE OF BIRTH</b> (DD/MM/YYYY)					
7	<b>DATE OF APPOINTMENT (in DAD)</b> (DD/MM/YYYY)					
8	<b>DATE OF PROMOTION</b> (DD/MM/YYYY) (As Group 'C' in r/o Staff & as SO(A) in r/o officers)					
9	<b>ROSTER No.</b> (Mandatory in case of AAO)					
10	<b>Whether appearing in ensuing SAS Part-II</b> (In case of Sr. Auds/Auditors/Clerks/Stenos/DEOs)					
11	<b>HOME TOWN</b> (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	<b>SERVICE PROFILE (In DAD)</b>					
	<b>Name of Office</b>	<b>Organisation</b>	<b>Whether Sensitive Assignment</b> (Yes / No)	<b>Station</b>	<b>From Date</b> (dd/mm/yyyy)	<b>To Date</b> (dd/mm/yyyy)
13	<b>CHOICE STATION</b> (Station (NOT Office) where DAD offices are located and BHUTAN/ PORTBLAIR may not be opted as a separate panel exists for these stations)		<b>First Preference</b>			
			<b>Second Preference</b>			
			<b>Third Preference</b>			

①  
Total 16 Pages



14	Whether EDP trained (Yes/No) (If yes, specify project)			
15	APAR GRADING (Upto two decimal places)	APAR1	APAR2	APAR3
16	Brief Grounds for transfer:			
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.				
17	<b>UNDERTAKING</b> 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	<b>GROUND FOR RECOMMENDATION</b> (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))		



**FORMAT TO BE FILLED BY STATION SENIORS**

(Original copy to be forwarded to HQrs.)

Original copy to be forwarded to HQS.						
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)					
6	DATE OF BIRTH (DD/MM/YYYY)					
7	DATE OF APPOINTMENT (In DAD) (DD/MM/YYYY)					
8	DATE OF PROMOTION (As Group 'C' In r/o Staff & SO(A) In r/o officer)					
9	ROSTER No. & CATEGORY (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)					
12	SERVICE PROFILE (In DAD)					
	Name of Office (Mention Sensitive assignment also)	Organisation	Whether on Sensitive Assignment (Yes / No)	Station	From Date (dd/mm/y yyy)	To Date (dd/mm/y yyy)
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					



**ANNEXURE - 'A-2' (Contd.)**

14	Whether EDP trained (If yes, specify project)																			
15	APAR GRADING	APAR1	APAR2	APAR3																
16	<b>BRIEF GROUNDS FOR EXEMPTION</b> (If requesting and as per Transfer Policy)																			
<p>Attach Latest Medical Certificate (NOT MEDICAL PRESCRIPTION) /Relevant certificate in other cases.</p> <table border="1"><tr><td>DETAIL OF CERTIFICATE</td><td></td></tr><tr><td>ISSUING AUTHORITY</td><td></td></tr><tr><td>ISSUE DATE</td><td></td></tr><tr><td>GROUND MENTIONED IN CERTIFICATE</td><td></td></tr><tr><td>NAME MENTIONED IN CERTIFICATE</td><td></td></tr><tr><td>RELATION WITH EMPLOYEE</td><td></td></tr><tr><td>PERIOD OF EXEMPTION REQUESTED</td><td></td></tr><tr><td>PREVIOUS EXEMPTIONS (if any)</td><td></td></tr></table>					DETAIL OF CERTIFICATE		ISSUING AUTHORITY		ISSUE DATE		GROUND MENTIONED IN CERTIFICATE		NAME MENTIONED IN CERTIFICATE		RELATION WITH EMPLOYEE		PERIOD OF EXEMPTION REQUESTED		PREVIOUS EXEMPTIONS (if any)	
					DETAIL OF CERTIFICATE															
					ISSUING AUTHORITY															
					ISSUE DATE															
					GROUND MENTIONED IN CERTIFICATE															
					NAME MENTIONED IN CERTIFICATE															
					RELATION WITH EMPLOYEE															
					PERIOD OF EXEMPTION REQUESTED															
					PREVIOUS EXEMPTIONS (if any)															
					17	<b>UNDERTAKING</b> I hereby certify that the information furnished above are correct.														
18	Date: _____ (SIGNATURE OF APPLICANT)																			
(ALL COLUMN ARE MANDATORY AS PER APPLICABILITY)																				
(To be filled by the Controller's office)																				
19	RECOMMENDATION (Yes/No)																			
20	REASON (If Not recommended)																			
21	Whether any disciplinary case is pending against the individual:																			
22	Date: _____ (SIGNATURE AND SEAL OF GO(AN))																			

(4)

**Name of Volunteersn from the Organisation -**  
**Annexure 'B-1'**

SL NO	ACCOUNT NO	GENDER (M-Male F-Female)	NAME	CATEGORY	GRADE	DOB Date of Birth (dd/mm/yyyy)	DOA Date of Appointment (dd/mm/yyyy)	HOME TOWN (as per Srl. 9 of Annexure A)
1	2	3	4	5	6	7	8	9



**Annexure 'B-1' (contd)**

STATION where Serving	SERVING DATE (dd/mm/yyyy)	Stay away DATE from choice1 (dd/mm/yyyy)	CHOICE1	CHOICE2	CHOICE3	EDP ( 'Y'-Yes / 'N'-No)	Whether appearin g in ensuing SAS Part- II	APAR1	APAR2	APAR3
								(Upto two decimal number)		
10	11	12	13	14	15	16	17	18	19	20

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Annexure 'B-1' (contd)

GROUND ( 'Tenure'- Hard Tenure Completion, 'AGE'- Above 58 years, 'PC'- Physically Challenged (above 50%), 'MED. SELF'- Medical Self, 'MED. DEP' - Medical Dependent, 'SPOSE'- As per DoPT Guideline, 'LADY', 'HOME TOWN', STAY AWAY')	CERTIFICATE ATTACHED (Yes / No) (Whether latest Medical Certificate (NOT A MEDICAL PRESCRIPTION)/ Spouse service Certificate attached	RECOMMENDATI ON (Y-Yes, N-No)	REASON, If not recommended reason thereof-	Remarks (Detail whether volunteered for any other Panel/HYL)
21	22	23	24	25



ANNEXURE - 'B-2'

Name of Station Seniors From the Organisation -

SL NO	ACCOUNT NO	GENDER (M-Male F-Female)	NAME	CATEGORY	GRADE	Date of Birth (dd/mm/yyyy)	Date of Appointment (dd/mm/yyyy)	HOME TOWN (District only)	STATION where Serving
1	2	3	4	5	6	7	8	9	10



**ANNEXURE - 'B-2' (Contd.)**

SERVING DATE (dd/mm/yyyy)	CHOICE1	CHOICE2	CHOICE3	EDP ( 'Y'-Yes / 'N'- No)	Whether appeari ng in ensuing SAS Part II	APAR1	APAR2	APAR3	RECOMMEN DATION (Y-Yes, N-No)	REASON (If Not recommen ed,)	RECOMMENDED FOR EXEMPTION INCLUDED IN ANNEXURE'D' AT SL NO	Remarks (Detail whether volunteered for any other Panel/HYL)
						(Upto two decimal number)						
11	12	13	14	15	16	17	18	19	20	21	22	23

Date:

(SIGNATURE AND SEAL OF G.O.(AN))

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**SERVICE PROFILE OF THE INDIVIDUALS**

ACCOUNT NO	GRADE	OFFICE	ORGANISATION	STATION	FROM DATE (dd/mm/yyyy )	TO DATE (dd/mm/yy yy)	DEPUTA TION



ANNEXURE - 'D'

**Name of Officials From the Organisation - \_\_\_\_\_**  
**whose Transfer Order have been DEFFERED**

SL NO	ACCOUNT NO	GENDER (M-Male F-Female)	NAME	GRADE	STATION where Serving	TRANSFER ORDER LETTER NO.
1	2	3	4	5	9	10

(11)



**ANNEXURE - 'D' (Contd.)**

TRANSFER ORDER LETTER DATE	STATION TRANSFERRE D TO	GROUND FOR DEFEREMENT	DEFEREMENT LETTER NO	DEFEREMEN T LETTER DATE	DEFERED UP TO
11	12	13	14	15	16

**(SIGNATURE AND SEAL OF G.O.(AN))**

12

**ANNEXURE - 'E'**  
**already EXEMPTED**

**Name of Station/Organisation Seniors From the Organisation -**

SL NO	ACCOUNT NO	GENDER (M-Male F-Female)	NAME	GRADE	Date of Birth (dd/mm/yyyy)	Date of Appointment (dd/mm/yyyy)	HOME TOWN (District only)	STATION where Serving	GROUND FOR EXEMPTION (as per Transfer Policy)
1	2	3	4	5	6	7	8	9	10



ANNEXURE - 'E' (Contd.)

GROUND MENTIONED IN CERTIFICATE	NAME MENTIONED IN CERTIFICATE	RELATION WITH EMPLOYEE	CERTIFICATE DATE	CERTIFICATE ISSUED BY	PERIOD OF EXEMPTION REQUESTED	PREVIOUS GROUND FOR EXEMPTION	EXEMPTED UPTO (dd/mm/yyyy)	RECOMMENDATI ON FOR EXEMPTION (Yes / No)	Remarks (Detail whether volunteered for any other Panel/HYL)
11	12	13	14	15	16	17	18	19	20

Date: \_\_\_\_\_

(SIGNATURE AND SEAL OF G.O.(AN))

14

## ANNEXURE - 'F'

Name of Station Seniors From the Organisation - seeking exemption

SL NO	ACCOUNT NO	SEX (M-Male F-Female)	NAME	GRADE	DOB Date of Birth (dd/mm/y yyy)	DOA Date of Appointm ent (dd/mm/y yyy)	HOME TOWN (District only)	STATION where Serving	OFFICE	SERVING DATE (dd/mm/y yyy)
1	2	3	4	5	6	7	8	9	10	11

(15)



**ANNEXURE - 'F' (Contd.)**

GROUND FOR EXEMPTION (as per Transfer Policy) ( 'AGE'-Above 56 Years, 'PC'-Physically Challenged(above 50%), 'MED.SELF', 'MED.DEP.', 'SINGLE PARENT', 'EDUCATION-X/XII')	CERTIFICATE ATTACHED (Yes / No) (Whether Latest Medical / Single Parent / Education Certificate)	PERIOD OF EXEMPTIO N REQUESTE D (3/6/9/12 Months)	PREVIOUS GROUND FOR EXEMPTIO N	EXEMPTED UPTO (dd/mm/yy yy)	APPLICATI ON ATTACHE D	RECOMM ENDATION (Y-Yes, N-No, C- Condition al)	REASON (If No/Condit ional, than reason there of - 'Short Stay', 'Substitute Required', 'Pending Disciplinar y Case')	RECOMM ENDATION FOR EXEMPTIO N (Yes / No)
20	21	22	23	24	25	26	27	28

16

Date: \_\_\_\_\_

(SIGNATURE AND SEAL OF G.O.(AN))