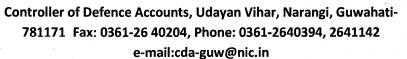


रक्षा लेखा नियंत्रक का कार्यालय, गुवाहाटी उदयन विहार, नारंगी, गुवाहाटी-

781171





No.AN/1/12/AO/Vol-XLI

Dated: 02/11/2022

To

The SAOs/AOs (As per list attached)

(Through official website)

Subject:

Alert Notice: SAOs/AOs.

HQrs Office letter No.AN/II/2153/SAOs/AOs/AVL 2022-23, dated 01/11/2022, which is self-explanatory, is enclosed herewith.

The required report may please be forwarded to this office in Annexure-A (format enclosed) by 07/11/2022 for onward transmission to HQrs Office.

Further, all the Sr. AOs and AOs serving under CDA Guwahati organization are requested to check the criteria of 3 years Station Seniority or 5 years Organisation Seniority as on 01/11/2022 in respect of themselves and in case any officer fulfils the above criteria but not included in the attached list of this letter, she/he may also forward the ibid report.

The report may be submitted to this office by 07/11/2022.

Enclo: As stated.

Sd/-

(N K Biswas) IDAS Deputy Controller (Admin)

Copy to:-The IT&SW (Local)

For uploading in the official website.

(Debabrata Das

Accounts Officer (Admin)

name	grade
RAJESH SINGHA	SrAO
JYOTIRINDRA JAMATIA	SrAO
AMIT KUMAR	SrAO
CHAYAN DAS	SrAO
SUJT DEY SARKAR	SrAO
DIGANTA KUMAR GOGOI	SrAO
MD HUSSAIN AHMED	SrAO
PHURAILATPAM DHANANJOY SHARMA	SrAO
MAHMUD HUSSAIN LASKAR	SrAO
RANADHIR SEAL	SrAO
JAYANTA BORAH	AO
GAUTAM BHAUMIK	AO
PRAKRITI RANJAN DEY	AO
KAMALESWAR BASUMATARY	AO
RANJIT GOGOI	AO
PARTHA DAS	AO
NAJRUL ISLAM	AO
ROPUI THANG DARNGAWN .	AO
K L PAULA GANGTE	AO
SING BABU DEURI	AO
GOLAM ABEDIN	AO
ACHINTYA KUMAR DAS	AO
KAMALENDU BHAGABATI	AO
MOHENDRA BORAH	AO
SHIBABRATA PAUL	AO
KISHALOY NEOG	AO
NGURLIENTHANG	AO
EHANTONU SINGHA	AO
SUDIP DAS	AO
L NEIHSIAL	AO
RAJESH KR. DOLEY	AO
BASUDEV HAZARIKA	AO
SWAPAN BARUA	AO
PIJUSH KANTI DEY	AO
L LALDUHAWMA	AO
SHANKHIL MARJU LAMKANG	AO
UMESH CHANDRA DEY	AO
AJAY KR MISHRA	AO
RAJENDRA PRASAD	AO
HUIDROM ISHWARCHANDRA SINGH .	AO
KAMAL KISHORE PRASAD	AO
JAYANTA CHAKRABORTY	AO
DEBABRATA DAS	AO
ROBERT J. SIMTÉ	AO
ANUPAM TRIPATHI	AO
}	AO
PRATAP GOGOI	innendjensmennemen
UTTAM PODDAR	AO
UTTAM SENGUPTA	AO
SANKAR PRASAD KANOO	AO

हर काम देश के नाम

कार्यालय, रक्षा लेखा महानियंत्रक



OFFICE OF CONTROLLER GENERAL OF DEFENCE ACCOUNTS उलान बटार मार्ग .पालम .दिल्ली छावनी -110010 ULAN BATAR MARG, PALAM, DELHI CANTT.-110010



No. AN/II/2153/SAOs/AOs/AVL 2022-23

Dated: 01.11.2022

To,

PCsDA / PCA (Fys) / CsDA / RTCs

Subject:

Alert Notice: SAOs & AOs

It has been directed by the Competent Authority to alert SAOs / AOs who have completed more than 03 (Three) years of service at their present serving station or 05 (Five) years of service in their present organization for transfer to other stations on administrative ground so as to accommodate the SAOs/AOs on their repatriation from Hard / Tenure stations as well as volunteers for AVL 2022.

- 2. It is requested that no application regarding exemption from transfer / deferment of transfer may please be forwarded to this HQrs Office in respect of SAOs/AOs who are station / command senior and served alert notice. However, the details particulars duly supported with relevant documents and recommendation of the PCDA/CDA may please be forwarded to this HQrs Office in respect of SAOs/AOs who are eligible for exemption from transfer as per the transfer policy of the department or DoP&T OM on the subject. The requisite details may please be forwarded to this HQrs Office by 10.11.2022. Nil report is also required to be furnished.
- 3. It is requested that contents of this circular may please be brought to the notice of all and get it noted from all concerned.

Dy. CGDX (AN)

Copy to:

(i) AN- IV Section (Local) For similar necessary action please.

(ji) Officer - in - Charge, IT & S Wing, (Local)

With a request to upload the circular on CGDA website.

(Sahil Goyal)

Dy. CGDA (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)			3		
8	ROSTER No. & CATEGORY (Mandatory in case of AAO)					
9	HOME TOWN (Specific District as per Service Record & r	ot Village or Sta	ite)	·		ï
	If DAD office not available at Home town, where DAD office is situated	nearest Station	to Home town	i		
10	SERVICE PROFILE (In DAD)					
	Name of Office	Organisation	Whether Sensitive Assignment (Yes / No)	Station	From Date (dd/mm/yyy y)	To Date (dd/mm/yy (y)
	· and in the second					
•	the state of the s					
				15		
•			1			
11	CHOICE STATION (Station (NOT Office) where DAD offices are	First Preference	.e.		1	1
	located)	Second Prefer	ence			
		Third Preferen	ce	į,		
		Leading to the second		. 1		P,T.



(To be filled by applicant)

Annexure 'A-1'

VOLUNTEER APPLICATION

(Original copy to be forwarded to HQrs.)

	APAR GRADING	APAR1	APAR2	· APAR3
	(Upto two decimal places)			
14	Brief Grounds for transer:			
			•	
		•		
				1
		•		
	Attach latest MedicalCertificate (NOT MEDICAL PRESCRIPTION & TEST REPORT	SI in respect (of medical case	s 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			
			The second of the second second second	
	UNDERTAKING			
	<u>UNDERTAKING</u> It is to undertake that the information furnished above are correct.			
	It is to undertake that the information furnished above are correct.	, (SIGNATL	IRE OF APPLIC	ANT)
	It is to undertake that the information furnished above are correct. Date:	i .	RE OF APPLIC	ANT)
	It is to undertake that the information furnished above are correct. Date: (ALL COLUMNS ARE MANDATORY AS PER APPLIC	i .	RE OF APPLIC	ANT)
a -	It is to undertake that the information furnished above are correct. Date: (ALL COLUMNS ARE MANDATORY AS PER APPLIC (To be filled by the Controller's office)	i .	IRE OF APPLIC	CANT)
16	It is to undertake that the information furnished above are correct. Date: (ALL COLUMNS ARE MANDATORY AS PER APPLICATION OF THE CONTROLL OF THE COUNTY OF THE CONTROLL OF THE COUNTY OF THE COMMENDATION	i .	IRE OF APPLIC	CANT)
16	It is to undertake that the information furnished above are correct. Date: (ALL COLUMNS ARE MANDATORY AS PER APPLICATION OF THE CONTROLLE'S OFFICE) GROUND FOR RECOMMENDATION (Hard Tenure Completion, Age, Physically Challenged %, Medical Self,	i .	IRE OF APPLIC	ANT)
16	It is to undertake that the information furnished above are correct. Date: (ALL COLUMNS ARE MANDATORY AS PER APPLIC (To be filled by the Controller's office) GROUND FOR RECOMMENDATION (Hard Tenure Completion, Age, Physically Challenged %, Medical Self, Medical Dependent, Serving Spouse - As per DoPT Guideline, Lady	i .	IRE OF APPLIC	ANT)
16	It is to undertake that the information furnished above are correct. Date: (ALL COLUMNS ARE MANDATORY AS PER APPLICATION OF THE CONTROLLE'S OFFICE) GROUND FOR RECOMMENDATION (Hard Tenure Completion, Age, Physically Challenged %, Medical Self,	i .	RE OF APPLIC	ANT)
16 	It is to undertake that the information furnished above are correct. Date: (ALL COLUMNS ARE MANDATORY AS PER APPLIC (To be filled by the Controller's office) GROUND FOR RECOMMENDATION (Hard Tenure Completion, Age, Physically Challenged %, Medical Self, Medical Dependent, Serving Spouse - As per DoPT Guideline, Lady	i .	IRE OF APPLIC	ANT)
	It is to undertake that the information furnished above are correct. Date: (ALL COLUMNS ARE MANDATORY AS PER APPLIC To be filled by the Controller's office) 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)	i .	IRE OF APPLIC	CANT)
	It is to undertake that the information furnished above are correct. Date: (ALL COLUMNS ARE MANDATORY AS PER APPLIC To be filled by the Controller's office) 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)	i .	IRE OF APPLIC	ANT)
	It is to undertake that the information furnished above are correct. Date: (ALL COLUMNS ARE MANDATORY AS PER APPLIC To be filled by the Controller's office) 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)	i .	IRE OF APPLIC	ANT)

Date: (SIGNATURE AND SEAL OF GO(AN))