
	<p>रक्षा लेखा नियंत्रक का कार्यालय, उदयन विहार, नारंगी, गुवाहाटी 78117-1  Office of the Controller of Defence Accounts, Udayan Vihar, Narangi,  Guwahati-781171  Fax: 0361-2640204, Phone: 0361-2640394, 2641142  e-mail: Cdaguwadmin1a.dad@hub.nic.in</p>	
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**IMPORTANT CIRCULAR NO- 110**

To,

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

**Subject: Transfer Establishment : DAD**

Please refer to HQrs. Office letter No. AN-IX/9010/BR/2022 dated 18.10.2022  
(Copy enclosed).

It is decided by the competent authority to call for volunteers in the grade of  
AAOs and Sr. Auditors/Auditors/CLK, who are willing to serve at newly created offices of  
AO 47 BRTF (Munsiari) and AO 13 BRTF (Padam) under PCDA (BR) Delhi Cantt.

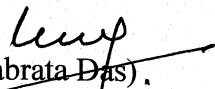
It is therefore requested to forward name(s) of willing officials, furnishing the service profile  
(in duplicate) as per the Annexure A-1 (Copy enclosed).

The name(s) of volunteer in requisite proforma may be sent to this office latest  
by 28.10.2022.

GO (AN) has seen.

Encl: As Stated

No. AN/1A/01/CIRCULAR/VOL-XI  
Date: 19/10/2022

  
(Debabrata Das),  
Accounts Officer (AN)

“हर काम देश के नाम”

कार्यालय, रक्षा लेखा महानियंत्रक

OFFICE OF THE CONTROLLER GENERAL OF DEFENCE ACCOUNT



उलान बटार रोड, पालम, दिल्ली छावनी - 10

ULAN BATAR TOAD, PALAM, DELHI CANTT.110010

Phone: 011-25665500/56

Fax: 011-25674777

email: admnix.cgda@nic.in

F. No.:AN-IX/9010/BR/2022

Dated: 18.10.2022

To,

All PCsDA/PCA (FYs)/ CsDA/  
CsDA (Training Estt.)/CENTRAD/  
AN-IV (Local)

(Through CGDA Website)

**Sub: Transfer Establishment: DAD**

The competent authority has decided to call for volunteers in the grade of AAOs and Sr. Auditors/Auditors/CLK, who are willing to serve at newly created offices of AO 47 BRTF (Munsiari) and AO 13 BRTF (Padam) under PCDA(BR) Delhi Cantt..

2. It is therefore requested to furnish the service profile of willing officials serving under administration/functional control of your organization as per the Annexure 'A-1' circulated vide HQrs circular No. AN/X/10050/10/2014 dated 08.08.2014. While forwarding the names of volunteer officials, guidelines issued by HQrs office from time to time in respect of sensitive assignment may please be kept in view.

3. The names of volunteers in requisite proforma may be sent to this HQrs office latest by 7<sup>th</sup> Nov 2022.

4. NIL report may also be furnished.

(S.K Tripathi)

Accounts 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/JHT/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)		First Preference			
			Second Preference			
			Third Preference			

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Total 16 Pages

### Annexure 'A-1' (contd)

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)				
<b>(To be filled by the Controller's office)</b>				
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))		

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