

OFFICE OF THE CONTROLLER OF DEFENCE ACCOUNTS
618, ANNA SALAI, TEYNAMPET, CHENNAI - 600018.
PHONE - (044) 24349980 FAX - (044) 24348142

AN/I/7/TR/Volunteer

DATED : 20/03/2018

To

All Sub Offices under CDA Chennai
All Sections in Main Office

Sub: Volunteers for Northern Region-AAO/SA/Aud/Clk/MTS

HQrs Vide letter no. 0600/AN-X/Volunteer/2018/Vol.II dated 19/03/2018 has called for volunteers from amongst AAOs/SAs/Auditors/Clerks/MTS who have completed minimum 03 years in the present serving station for posting to Bhadarwah, Kargil, Leh, Poonch, Rajouri & Srinagar in Northern region. The particulars of the volunteers may be forwarded in the enclosed proforma (Annexure-1). The individuals may be informed that only those who will have a residual service of atleast 02 years at the time of selection will be considered for posting to Northern Region. In case the individual has also applied for transfer to some other station in the volunteer list, an endorsement may be made against his name in the list.

Individuals who once apply for the panel will not be allowed to withdraw during the validity of the panel unless there are pressing medical/personal reasons. Requests for cancellation will not be entertained after issue of transfer order.

It is requested to forward to this office original application of all the volunteers strictly as per Annexure A-1 by 26/03/2018.

Sd/-

(R. NARAYANA PRASAD)
SR. ACCOUNTS OFFICER(AN)

Copy to:

✓ EDP Centre(Local)

For uploading on CDA Chennai Website and OA

(R. NARAYANA PRASAD)
SR. ACCOUNTS OFFICER(AN)

आर. नारायण प्रसाद / R. NARAYANA PRASAD
वरि. लेखा अधिकारी / Sr. Accounts Officer
रक्षा लेखा नियंत्रक कार्यालय / Office of the CDA
618, आन्ना साली, तेयनापेट, चेन्नई-600018.
तेयनापेट, चेन्नई-18 / Teynampet, Chennai-600 018.

23

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:			
<p align="center"><i>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.</i></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)				
<p>(To be filled by the Controller's office)</p>				
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))		

2