

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

No. AN/I/7/TR/Misc

Dated: 18/07/2018

CIRCULAR

Sub: Transfer Establishment DAD - Annual Volunteer List
Officers & Staff

Applications (in duplicate) from Officers and staff seeking transfer to their choice station in the prescribed proforma as per instructions issued in para 3 of Hqrs circular no. AN/X/10050/10/2014 dated 08/08/14 (Staff and AAOs) which was circulated vide this office circular No.AN/I/27/Circular dated 13/08/2014 and Hqrs letter no. AN/II/2153/AVL 2017-18 dated 20/07/2017 (SAs/AOs) may be forwarded by name to Shri. R Narayana Prasad, SAO (AN) and should reach Main Office CDA Chennai by 10th August 2018.

The date specified may strictly be adhered to.

CDA has seen.



(R Narayana Prasad)

SAO (AN)

श्री. नारायण प्रसाद (R) NARAYANA PRASAD
अधी, सेवक विभाग Accounts Officer
आ. वि. कार्यालय / Office of the CDA
आ. अन्ना सालई, चेन्नई Anna Salai,
तेयानपेट, चेन्नई-600 018. Teynampet, Chennai-600 018.

Circulated to:-

All sub officers under CDA Chennai

All sections in Main Office

✓ EDP Centre (Local) - for uploading on CDA Chennai website & OA

PROFORMA FOR ANNUAL VOLUNTEER LIST 2017-18 : SAOs/AOs

SL. NO.	NAME/DESIGN/A C NO.	DOB	WHERE SERVING		HOME TOWN AS PER SERVICE BOOK	IF DAD OFFICE NOT AVAILABLE AT HOME TOWN, NEAREST STATION TO HOME TOWN WHERE DAD OFFICE EXIST.	CHOICE STATION			A/PAR GRADING S FOR LAST 3 YEARS.	STATE /OWN EXPEN SE	DISCIPLINA RY CASE PENDING (YES/NO)
			OFFICE	ORGANISATION			IST	IIND	IIIRD			
1	2	3	4	5	6	7	8	9	10	11	12	13

STATION SERVED	SERVICE PARTICULARS				PHYSICALLY HANDICAPPED (YES/NO)	18	GROUNDS FOR TRANSFER	19	RCOMMENDATION OF PCSDA/CsDA (Reasons for not recommending must be provided.			20
	FROM DATE	TO DATE	EDP TRAINED (YES/NO)	17					IST	IIND	IIIRD	
14	15	16	17	18								

- * Only three choices stations may be provided by the officer.
- * (18) Medical certifiactes must be enclosed wherever applicable.
- * (19) Documents concerning grounds for transfer (children education/ spouse ground/ parents illness/ spuse illness) must be enclosed.
- * Applications without the recommendation of PCSDA/CsDA/PIF/As/IFAs will not be entertained.

VOLUNTEER APPLICATION

(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/SO(A)/SAS(App)/SUPERVISOR(A/C)/Sr. AUDITOR/AUDITOR/CLERK/PS/STENO/HT/IHT/ DEO/LIBRARIAN/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	SERVICE PROFILE (In DAD)					
	Name of Office	Organisation	Whether Sensitive Assignment (Yes / No)	Station	From Date (dd/mm/yyyy)	To Date (dd/mm/yyyy)
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			

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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:			
<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			
<p>It is to undertake that the information furnished above are correct.</p>				
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))		