



रक्षा मंत्रालय (भारत सरकार)  
MINISTRY OF DEFENCE (GOVT. OF INDIA)  
कार्यालय रक्षा लेखा नियंत्रक (सेना)  
OFFICE OF THE CONTROLLER OF DEFENCE ACCOUNTS (ARMY)  
बेलवेडियर कॉम्प्लेक्स, आयुध पथ, मेरठ छावनी  
BELVEDERE COMPLEX, AYUDH PATH, MEERUT CANTT



No. AN/I/1023/Gen Corr./II

Date : 08.11.2023

To,

The Officer Incharge

All Sections in Main Office  
All Sub office (outstation)

Sub.: Transfer: DAD Estt. - Station/Organization Senior on proforma strength in respect of AAOs & Staff

Ref: HQrs office letter no. प्रशा/IX/9011/Station Seniors/AAOs & Staff dated 07.11.2023

HQrs office vide their letter cited under reference has called for the details of station/organization senior as per the details mentioned below in order to repatriate/accommodate eligible volunteers and to address the resultant crucial vacancies.

- (i) Station seniors(AAOs):- who are completing three years at station as on 31.12.2023
- (ii) Organization seniors(AAOs):- who are completing five years in the organization as on 31.12.2023
- (iii) Station seniors(Sr.Adrs/Adrs/Clerks):- who are completing five years at station as on 31.12.2023 except those who are completing three years at special category stations as mentioned in Annexure "A" of HQrs letter dated 24.03.2023.
- (iv) Organization seniors(Sr.Adrs/Adrs/Clerks):- who are completing seven years in organization as on 31.12.2023

2. Accordingly, HQrs office has asked to alert them and informed that they are likely to be transferred out by the end of the current academic session. It is also clarified that they may also be transferred to other than their choice station, as per administrative requirement. It is requested to obtain A/2 & 'C' Annexure (enclosed) giving full details in all respects as desired in the Annexure and ensure that the above said Annexure are received (in ORIGINAL) in this office by 23.11.2023.

2. While forwarding the above Annexure it may please be ensured that names of those AAOs who have completed or completing 56 years of age as on 31.03.2024 are not to be included.

3. Officials seeking exemption as per provisions of the transfer policy may be advised to submit supporting documents (Specific certificates only) along with Annexure A/2'.

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4. Further, it is also requested that all transfer/exemption requests on medical ground should be screened at your level before forwarding the same to this office. Only relevant medical certificate should be attached with the applications/request.

5. The Officer in charge concerned is requested to please ensure timely rendition of the requisite Annexure (in **ORIGINAL**) by stipulated date as mentioned above.

Encl: As above

*Arundhan E...*  
SAO (Admin)



**FORMAT TO BE FILLED BY STATION SENIORS**

(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)					
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/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					

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

14	Whether EDP trained (If yes, specify project)																	
15	APAR GRADING																	
16	BRIEF GROUNDS FOR EXEMPTION (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)	
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17	UNDERTAKING I hereby certify that the information furnished above are correct.																	
18	Date: _____ (SIGNATURE OF APPLICANT) <b>(ALL COLUMN ARE MANDATORY AS PER APPLICABILITY)</b>																	
<b>(To be filled by the Controller's office)</b>																		
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)



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