



रक्षा लेखा नियंत्रक (सेना)
Controller of Defence Accounts (Army)
बेल्वेडियर कॉम्प्लेक्स, आयुध पथ, मेरठ छावनी - 250001
Belvedere Complex, Ayudh Path, Meerut Cantt - 250001
फोन : 0121-2794357 फ़ैक्स : 0121-2646254, 2646216
ई-मेल आई डी Email id: adminonecdaarmy.dad@nic.in



No. AN/I/1023/Gen

Date : 19.10.2022

Circular

To

**All sections in main office
All Sub Offices in the organization
(Through e-mail)**

Sub: Transfer Estt ; DAD

Please refer to HQrs Office letter No. AN-IX/9010/BR/2022 dated 18.10.2022 displayed on CGDA Website (Copy enclosed) wherein names of the volunteers amongst AAOs and SAs/Adrs/Clks for posting to newly created offices of AO 47 BRTF (Munsiari) and AO 13 BRTF (Padam) under PCDA(BR) Delhi Cantt have been Called for.

It is therefore requested to that names of volunteers amongst AAOs and SAs/Adrs/Clks may forward the details as per the enclosed format (**Annexure 'A-1'**) to this office by **31.10.2022** through **e-mail** Id of AN-I Section i.e adminonecdaarmy.dad@nic.in.

NIL report is also required.

Encl: As above.

AKRishu Kumar

SAO(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 ROAD, 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)

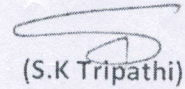
Sub: Transfer Establishment: DAD

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-I 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 7th Nov 2022.

4. NIL report may also be furnished.


(S.K. Tripathi)

Accounts Officer (AN)

(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 (JAGS/SO(A)/Sr. Asst./SUPERVISOR(A)/Sr. Auditor/AUDITOR/CLERK/PS/STENOGR/RT/DEO/IBKABIAN/RT/S/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)					NA
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			

14	Whether EDP trained (Yes/No) (If yes, specify project)			
15	APAR GRADING (Upto two decimal places)			
16	Brief Grounds for transfer:			
<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>				
17	UNDERTAKING It is to undertake that the information furnished above are correct.			
18	Date:	(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))		