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कार्यालय रक्षा लेखा प्रधान नियंत्रक (द.प.क.), जयपुर-12  
Principal Controller of Defence Accounts (SWC) Khatipura Road, Jaipur-12

Circular

No. AN/I/101/Circular

Dated: 24.04.2019

To,

All Section in Main Office  
All Sub-Offices

Sub: Transfer Estt DAD. Port Blair (Volunteer list for Port Blair 2019-20)

Ref: HQrs Office letter No. AN/X/10092/6/2019/PB dated 15.04.2019

HQrs Office vide letter under reference has called for volunteers from amongst SA/Auditors/Clerks for Port Blair on the following criteria:

- He/She should have completed minimum 02 years in the serving station. For a new recruit, he/she should have completed 03 years stay at their initial place of posting.
- Individuals, who will have a residual service of at least 02 years at the time of selection will be considered for posting to Port Blair and will be repatriated to one of their three choice stations on the completion of prescribed tenure.
- The full service particulars of the volunteers along with APAR grading for the last three years and the other details may be forwarded in Annexure 'A-1'.
- 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.

2. Therefore, details of volunteers in Annexure 'A-1' (copy enclosed) in r/o of staff of your section/office may be forwarded immediately so as to reach this office by **29.04.2019 (FN)**.

3. **Individuals, who once applied for the list will not be allowed to withdraw during the validity of volunteer list unless there are compelling medical/personal reasons and recommended by the Principal Controller/Controller under a DO letter clearly bringing out the genuineness of the case supported with relevant documents/certificates. Further, request for cancellation will not be entertained after issue of transfer order by HQrs.**

GO (AN) has seen.

—Sd—  
Sr. Accounts Officer (AN)

Copy to:

✓ EDP Section:

for uploading the website & also mailing to Officer incharge of  
Sub-Offices.

  
Sr. 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</b> (in DAD) (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 (Yes/No)</b>	<b>Station</b>	<b>From Date (dd/mm/yy yy) To Date (dd/mm/yy yy)</b>
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)		<b>First Preference</b>		
			<b>Second Preference</b>		
			<b>Third preference</b>		

14	Whether EDP trained (Yes/No) (If yes, specify project)			
15	<b>APAR GRADING</b> (Upto two decimal places)			
16	<b>Brief Grounds for transfer:</b>			
<p><i>Attach latest Medical Certificate (NOT MEDICAL PRESCRIPTION &amp; TEST REPORTS) in respect of medical cases and Service certificate showing Station &amp; Department from the employer in case of spouse.</i></p>				
17	<b>UNDERTAKING</b>			
	It is to undertake that the information furnished above are correct.			
18	Date: ___/___/20___	(SIGNATURE OF APPLICANT)		
<b>(ALL COLUMNS ARE MENDATORY AS PER APPLICABILITY)</b>				
<i>(To be filled by the Controller's office)</i>				
19	<b>GROUND FOR RECOMMENDATION</b> (Hard Tenure Completion, Age, Physically Challenged %, Medical Self, Medical Dependent, Serving Spouse - As per DoPT Guidline, 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))		