

कार्यालय रक्षा लेखा नियंत्रक रिज रोड जबलपुर: म. प्र. 482001

Office Of The CDA Ridge Road Jabalpur: M.P. - 482001

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AN/I/1133/Deputation/Vol. X

Dated: 21.08.2018

To,

All Sections in the Main Office.  
All Sub-Offices under the CDA Jabalpur,  
All IFAs under Proforma control of CDA Jabalpur.

**Subject: Posting of volunteers to Port Blair (Panel 2018-19): AAOs.**

**Reference: HQrs Circular AN//9010/Port Blair/2018-19, Dated: 17.08.2018.**

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HQrs office has invited names of volunteers below 56 years from AAOs for posting to Port Blair. The full service particulars of the volunteers along with ACR gradings for the last three years and other details may be forwarded as per enclosed Annexure-'A-1'. The individuals may be informed that only those who will have 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 choice stations on completion of the prescribed tenure. In case the individual has applied for transfer to some other station in the volunteer list, an endorsement may be made against his name in the list.

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

3. It is requested to forward to this office original application of all the volunteers strictly as per the enclosed Annexure 'A-1' by **27 Aug 2018** for further compilation and onward transmission to HQrs Office.

4. Nil report is also required.

  
Sr. Accounts Officer (AN)

Copy to:

1. The Officer I/c,  
OA Cell (Local)

} For uploading the above circular in the CDA Jabalpur website.

--Sd--

Sr. Accounts Officer (AN)

**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(Aep)/SUPERVISOR(A/c)/Sr. AUDITOR/AUDITOR/CLERK/PS/STENO/HT/JHT/ DEO/LIBRARIAN/MT/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			

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 &amp; TEST REPORTS) in respect of medical cases and Service certificate showing Station &amp; Department from the employer in case of spouse.</i>				
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 MANDATORY 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 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))		