
	<p>कार्यालय: रक्षा लेखा प्रधान नियंत्रक PRINCIPAL CONTROLLER OF DEFENCE ACCOUNTS सं. 107, लोअर अग्रम रोड , अग्रम पोस्ट , बेंगलूर - 560 007 NO. 107, LOWER AGRAM ROAD, BANGALORE – 560 007 फोन नं./Phone No. - 29710474, 29710475 फैक्स नं./Fax No. - 29710132</p>	
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CIRCULAR

No. AN/I/700/B/47

Date: 10.03.2021

TO

ALL THE SUB OFFICES UNDER PCDA BANGALORE
ALL THE SECTIONS IN MAIN OFFICE

Subject: Transfer Estt. DAD: Volunteers for Northern Region.

HQRs office vide letter no. 0600/AN/Estt-Other/Tenure/2021/Vol.II/ Volunteers dated 08.03.2021 (available on CGDA website) has called for volunteers amongst Sr.Adrs/Auditors/CIks/MTS, who have completed minimum 03 years at the present serving station for posting to Northern region viz. Bhadarwah, Kargil, Leh, Poonch, Rajouri & Srinagar.

This may be brought to the notice of all Sr.Adr./Auditors/CIks/MTS and details of the volunteers if any may be forwarded in Annexure A-1 (attached) by 15.03.2021.

Volunteers having a residual service of at least 02 years at the time of posting, will be considered for posting to the northern region.

Individuals, who once apply in this volunteer list will not be allowed to withdraw during the validity of the list unless there have pressing medical/personal reasons. Requests for cancellation will not be entertained after issue of transfer orders. The incomplete applications and applications received after due date will not be considered.

Nil report is also required.

Copy to:

THE OFFICER I/C,
EDP SN(LOCAL)

- for uploading in the web site.

V.S. Mayale
Sr. Accounts Officer [AN]

14	Whether EDP trained (Yes/No) (If yes, specify project)				
15	APAR GRADING (Upto two decimal places)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			
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: ___/___/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))			