



OFFICE OF THE CONTROLLER OF DEFENCE ACCOUNTS  
618, ANNA SALAI, TEYNAMPET, CHENNAI - 600018.  
PHONE - (044) 24349980 FAX - (044) 24348142

No. AN/I/7/TR/Misc

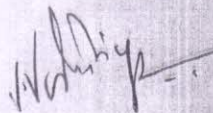
Dated: 20/07/2017

CIRCULAR

Sub: Transfer Establishment DAD - Annual Volunteer List

Applications (in duplicate) from Officers and staff seeking transfer to their choice station in the prescribed proforma may be forwarded to this Section by name to Smt. Vishnu Priya. V, SAO (AN) and should reach Main Office CDA Chennai by 10<sup>th</sup> August 2017 for consideration of CDA / onward transmission to H.Qrs office.

The date specified may strictly be adhered to.

  
(Vishnu Priya. V)  
SAO (AN)

Circulated to:-

All sub officers under CDA Chennai

All sections in Main Office

EDP Centre (Local) - for uploading on CDA Chennai website & OA

**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/IHT/DEO/LIBRARIAN/MTS/DRIVER)				
6	<b>DATE OF BIRTH</b> (DD/MM/YYYY)				
7	<b>DATE OF APPOINTMENT (in DAD)</b> (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</b> (Yes / No)	<b>Station</b>	<b>From Date</b> (dd/mm/yyyy) y)
					<b>To Date</b> (dd/mm/yyyy) y)
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)		First Preference		
			Second Preference		
			Third Preference		

14	Whether EDP trained (Yes/No) (If yes, specify project)			
15	<b>APAR GRADING</b> (Upto two decimal places)	APAR1	APAR2	APAR3
16	<b>Brief Grounds for transfer:</b>			
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.				
17	<b><u>UNDERTAKING</u></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>				
<b><u>(To be filled by the Controller's office)</u></b>				
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))		