

**OFFICE OF THE PRINCIPAL CONTROLLER OF DEFENCE ACCOUNTS**  
**(WESTERN COMMAND) CHANDIGARH**  
**FAX no. 0172-2742552, 2741729**

**Important Circular**

**Sub: Transfer Estt DAD: Volunteer for Northern Region.**

HQrs Office vide letter No.0600/AN-X/Volunteer/2018/Vol.II dated 19.03.2018 has called for the names of volunteers for Bhadarwah/Kargil/Leh/Poonch/Rajouri and Srinagar amongst AAOs/ Sr.Auditors/ Auditors/ Clks/MTS who have completed minimum 03 years at the present serving station for posting to above stations of Northern Region.

2. The officials who will be having a residual service of at least 02 years at the time of selection will be considered for posting to the Northern Region.
3. Individual, who once apply for the panel will not be allowed to withdraw during the validity of the panel unless there are pressing medical/personal reasons. Request for cancellation will not be entertained after issue of transfer orders.
4. Therefore, names of AAOs/ Sr.Auditors/ Auditors/ Clks/MTS serving in your office/section who fulfill the criteria and are volunteers for posting to the above stations may be forwarded to this office in the proforma attached "**Annexure – A-1**" latest by **28.03.2018**.
5. Names of the volunteers amongst the Sr.Auditors/ Auditors/ Clks/MTS may please be sent to **AN-II section** whereas those of AAOs may be sent to **AN-I section** of this office through e-mail (pcdawcan1.dad@hub.nic.in and pcdawcan2.dad@hub.nic.in) /Fax.
6. NIL report is also required.
7. Please ensure adherence of the time schedule given above.
8. **Hard copy of circular may not be awaited please.**

No. AN/I/1032-LII

Dated: 20.03.2018



(N.K.Dhiman)

Sr. Accounts Officer (AN)

**Copy to**

1. All sections in Main Office (local)
2. All sub offices under PCDA (WC) Chandigarh.
3. All IFAs on proforma strength of PCDA (WC) Chandigarh
4. AN-II (local) — For necessary action please.
5. IT & S Section (Local) — For uploading on PCDA (WC) website.

Sd/--

(Om Parkash)

Asstt. Accounts Officer (AN)

32

**VOLUNTEER APPLICATION**  
(Original copy to be forwarded to H.Os.)

1	ACCOUNT NO					
2	GENDER (Male / Female)					
3	NAME					
4	CATEGORY (GENERAL/OBC/SC/ST/PH)					
5	GRADE (AAO/SO(A)/SAS(Add)/SUPERVISOR(A/C)/Sr. AUDITOR/AUDITOR/CLERK/PS/STENO/HT/JHT/DEO/LIBRARIAN/MTS/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			

①  
Total 16 Pages

32

14	Whether EDP trained (Yes/No) (If yes, specify project)			
15	<b>APAR GRADING</b> (Upto two decimal places)	APAR1	APAR2	APAR3
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))

2