## रक्षा लेखा महानियंत्रक कार्यालय

Office of the Controller General of Defence Accounts उलन बटार रोड, पालम –110010 Ulan Batar Road, Palam, Delhi Cantt. 110010

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No. AN/I/1466/ER Sheet

Date: 10.08.2021

To,

All the PCsDA/CsDA and equivalent offices (through CGDA's Website)

Subject:

Updation of Executive Record (Sheets): IDAS Officer

The undersigned is directed to state that the "ER Sheet of IDAS officers" is going to be updated. Therefore, information/additional information under the head of ER Sheet format (Copy Enclosed) is required to be incorporated in existing ER Sheet of IDAS Officers.

- 2. Further, the undersigned is also directed to convey that the last updation of ER Sheet was made in year 2019 and the same was uploaded on the public domain through CGDA's website. Accordingly, reference may be sought from the existing ER sheet available on CGDA's website for updation of the ER Sheet.
- 3. As such, it is requested to send an updated ER Sheet in respect of all the IDAS officers under your administrative control in the prescribed format (Copy enclosed) in Soft Copy to this HQrs office through e-mail on email id : <a href="mailto:an1-pinklist.cgda@nic.in">an1-pinklist.cgda@nic.in</a> latest by 31st August, 2021.

(Manish)

Sr. ACGDA (AN-Estt. IDAS)

## Format of Executive Record(ER) Sheet:

|                 |  | Comp               | olete                         | Bio- | data       |            |         |
|-----------------|--|--------------------|-------------------------------|------|------------|------------|---------|
|                 |  | Name               |                               |      |            |            |         |
|                 |  | Identity No.       |                               |      |            |            |         |
|                 | Service/Cadre                            | e/Allotment Year   |                               |      |            |            |         |
|                 | Source                                   | e of Recruitment   | : :                           |      |            | и          |         |
|                 |  | Date of Birth      |                               |      |            |            |         |
|                 |  | Sex                | ( :                           |      |            |            |         |
|                 |  | Place of Domicile  | :                             |      |            |            |         |
|                 |  | Mother Tongue      |                               |      |            |            |         |
|                 | Indian L                                 | anguages Knowr     | 1 :                           |      |            |            |         |
|                 | Foreign L                                | anguages Knowr     | n 🗔                           |      |            |            |         |
|                 |  | Date of Joining    | 3 :                           |      |            |            |         |
|                 | Re                                       | tirement Reason    | n :                           |      |            |            |         |
|                 |  |                    | ٠                             |      |            |            |         |
| I. Deta         | ils of Central Deputa                    | ation              |                               |      |            |            |         |
| Α               | 1. Whether presen                        | ntly on deputation | on to                         | GOI? |            |            |         |
|                 | 2. Date of start of                      | Central Deputat    | ion                           |      |            |            |         |
|                 | 3. Expiry date of tenure of Central      |                    |                               |      |            |            |         |
|                 | Deputation.                              |                    |                               |      |            |            |         |
|                 | 4. Tenure Code                           |                    |                               |      |            |            |         |
| В               | If in Cadre, date of re<br>Deputation    | eversion from Ce   | entral                        |      |            |            |         |
| С               |  |                    |                               |      |            |            |         |
|                 | so, period of debarn                     | nent               |                               |      |            |            |         |
| Control Control |  |                    |                               |      |            |            |         |
|                 | ucational Qualification                  |                    |                               | CL   | inst       | Division   | Year of |
| Sl.No           | Qualification Institute/University/Place |                    | Subject                       |      |            | Division   | Passing |
|                 |  |                    |                               |      |            | 1          |         |
|                 |  |                    |                               |      |            |            |         |
|                 |  |                    |                               |      |            |            |         |
|                 | perience Details                         |                    |                               |      |            |            |         |
| IV/ Eve         | Delience Details                         |                    | epartment/Office Organization |      | Experience | Desired.   |         |
| IV. Exp         | Designation/Level                        | Department/C       | ffice                         | O    | ganization | Experience | Period  |

| Station  | served (a    | s on 31/07/202     |                      |           |                |  |
|----------|--------------|--------------------|----------------------|-----------|----------------|--|
| Station  |              | Years Months       | S                    |           |                |  |
|          |              |                    |                      |           |                |  |
|          |              |                    |                      |           |                |  |
| /. Mid   | Career Trai  | ning Details       |                      |           | V              |  |
| SI.No Y  |              | ar Training Name   |                      | Period    | Institute Name |  |
|          |              | 1                  |                      |           |                |  |
| /I. In-S | ervice Trair | ning Details       |                      |           | 1              |  |
| SI.No    | Year         | Training Name      |                      | Period    | Institute Name |  |
|          |              |                    |                      |           |                |  |
| VII. Do  | mestic Trai  | ning Details       |                      |           |                |  |
| SI.No    | Year         | Training Name      |                      | Period    | Institute Name |  |
|          |              |                    |                      |           |                |  |
|          |              |                    |                      |           |                |  |
| VIII. Fo | reign Train  |                    |                      |           |                |  |
| SI.No    | Year         | Training Na        | ame                  | Period    | Country        |  |
|          |              |                    |                      | - · · - 1 |                |  |
| Α        |              | hether Debarred    |                      |           |                |  |
|          | 2. If:       | so, period of deba | arment               |           |                |  |
|          |              |                    |                      |           |                |  |
|          | ard / Public | ation Details      |                      |           | Institution    |  |
| IX. Aw   | Date &       |                    | Particulars in brief |           |                |  |