


“हर काम देश के नाम”

	<p>कार्यालय , रक्षा लेखा महानियंत्रक उलान बटार मार्ग , पालम, दिल्ली छावनी-110010 OFFICE OF CONTROLLER GENERAL OF DEFENCE ACCOUNTS ULAN BATAR MARG, PALAM, DELHI CANTT. -110010 दूरभाष/Ph: 011-25665500/55, 25674870 ई-मेल/Email : <a href="mailto:hqan2.cgda@gov.in">hqan2.cgda@gov.in</a> वेबसाइट/website : <a href="http://cgda.nic.in">http://cgda.nic.in</a></p>	
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No. AN/II/2153/Transfer / Station Senior

Dated: 17/03/2021

To,

All PCsDA/CsDA/PCA (Fys)/PIFAs/IFAs  
(Through CGDA website only)

**Subject:** Transfer : DAD Establishment- Station/ Organization Seniors among AOs/SAOs.

Keeping in view receipt of large numbers of inter-command transfer requests of AOs/SAOs at various stations, it has been decided by the Competent Authority to call for details of organization senior AOs/SAOs who have completed 7 years or more as on 31/03/2021 and station senior AOs/SAOs who have completed 5 years or more as on 31/03/2021 whichever is applicable.

2. It is, therefore, requested to furnish the details of station/organization senior AOs/SAOs duly compiled in enclosed annexures. The following instructions relevant to the respective Annexures may be kept in view while furnishing station/organization seniors.

- a. It may please be ensured that Annexure- A-2 in original in respect of each station/organization senior has been enclosed separately duly completed in all respects.
- b. On the basis of Annexures –A-2 furnished by the officer, Controllers are requested to prepare Annexures-B-2.
- c. Service profiles in Annexure-‘C’ in respect of SAOs/AOs who are station/Organization senior.
- d. A list showing officials who have already been transferred either by Controller office or HQrs office and subsequently granted deferment may also be furnished in Annexures –‘D’ indicating the date up to which the transfer is deferred.

Contd. P/2

e. Details of station seniors in Annexures-E who were exempted earlier and details of station seniors seeking exemption in current yearly transfers may be furnished in Annexures-'F'. It may be ensured that in case name of any officer is also included in Annexures -B-2, the SI No. of Annexure- 'E'/'F', as the case may be, has been mentioned in remark column of Annexure-B-2 for proper linking and to avoid any unwanted transfer.

f. If the name of the official has been sponsored for deputation or other panel like Bhutan/Port Blair etc as on date of forwarding of list, the same should invariably be mentioned in the remarks column against the name of the official in Annexure-B-2.

g. Officers seeking exemption as per provisions of the transfer Policy may be advised to submit the supporting documents (specific certificates only) duly certified by the PCDA/CDA along with Annexure-A-2 to enable this office to examine the requests for exemption from transfers. It may invariably be ensured that copies of prescription, X-ray, Pathology reports are not forwarded to this office.


3. All the Organization/Station seniors may please be alerted and informed that they likely to be transferred out as per administrative requirements. It may also be noted that no internal rotation of officers within the organization is carried out after furnishing the report without prior concurrence of HQrs office.

4. The report may be furnished latest **by 31.03.2021** through speed post and email of this section i.e. hqan2.cgda@gov.in.

Encl: As stated.

Copy to: -

1. ~~HQrs Office (IT &S Cell)~~- For uploading on website.

  
(G.K. Baranwal)  
Sr. Dy. CGDA (AN)

- 5-1 -  
(G.K. Baranwal)  
Sr. Dy. CGDA (AN)

**FORMAT TO BE FILLED BY STATION/ ORGANISATION SENIORS**

(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> (SAO/AO)					
6	<b>DATE OF BIRTH</b> (DD/MM/YYYY)					
7	<b>DATE OF APPOINTMENT</b> (In DAD) (DD/MM/YYYY)					
8	<b>DATE OF PROMOTION</b> (As AO/SAO)					
9	<b>ROSTER No. &amp; CATEGORY</b>					
10	<b>Whether any deputation served (if yes-details)</b>					
11	<b>HOME TOWN</b> (Specific District as per Service Record Not Village or State)					
12	<b>SERVICE PROFILE</b> (In DAD)					
	<b>Name of Office</b> (Mention Sensitive assignment also)	<b>Organisation</b>	<b>Whether on Sensitive Assignment</b> (Yes / No)	<b>Station</b>	<b>From Date</b> (dd/mm/y yyy)	<b>To Date</b> (dd/mm/y yyy)
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)	<b>First Preference</b>				
		<b>Second Preference</b>				
		<b>Third Preference</b>				

**ANNEXURE - 'A-2' (Contd.)**

14	Whether <b>EDP</b> trained (If yes, specify project)			
15	<b>APAR GRADING</b>	APAR1	APAR2	APAR3
16	<b>BRIEF GROUNDS FOR EXEMPTION</b> (If requesting and as per Transfer Policy)			
Attach Latest Medical Certificate (NOT MEDICAL PRESCRIPTION) /Relevant certificate in other cases.				
<b>DETAIL OF CERTIFICATE</b>				
<b>ISSUING AUTHORITY</b>				
<b>ISSUE DATE</b>				
<b>GROUND MENTIONED IN CERTIFICATE</b>				
<b>NAME MENTIONED IN CERTIFICATE</b>				
<b>RELATION WITH EMPLOYEE</b>				
<b>PERIOD OF EXEMPTION REQUESTED</b>				
<b>PREVIOUS EXEMPTIONS (if any)</b>				
17	<b>UNDERTAKING</b> I hereby certify that the information furnished above are correct.			
18	Date: _____		(SIGNATURE OF APPLICANT)	
<b>(ALL COLUMN ARE MANDATORY AS PER APPLICABILITY)</b>				
<b>(To be filled by the Controller's office)</b>				
19	<b>RECOMMENDATION</b> (Yes/No)			
20	<b>REASON</b> (If Not recommended)			
21	<b>Whether any disciplinary case is pending against the individual:</b>			
22	Date: _____		(SIGNATURE AND SEAL OF GO(AN))	



**ANNEXURE - 'B-2' (Contd.)**

SERVING DATE (dd/mm/yyyy)	CHOICE1	CHOICE2	CHOICE3	EDP ( 'Y'-Yes / 'N'- No)	APAR1	APAR2	APAR3	RECOMMEN DATION (Y-Yes, N-No)	REASON (If Not recommen ed,)	RECOMMENDED FOR EXEMPTION INCLUDED IN ANNEXURE'D' AT SL NO	Remarks (Detail whether volunteered for any other Panel/HYL)
					(Upto two decimal number)						
11	12	13	14	15	16	17	18	19	20	21	22

Date:

(SIGNATURE AND SEAL OF G.O.(AN))



## ANNEXURE - 'D'

Name of Officer From the Organisation - \_\_\_\_\_  
whose Transfer Order, have been DEFFERED

SL NO	ACCOUNT NO	GENDER (M-Male F-Female)	NAME	GRADE	STATION where Serving	TRANSFER ORDER LETTER NO.
1	2	3	4	5	6	7



**ANNEXURE - 'D' (Contd.)**

TRANSFER ORDER LETTER DATE	STATION TRANSFERRED TO	GROUND FOR DEFFEREMENT	DEFFEREMENT LETTER NO	DEFFEREMENT LETTER DATE	DEFFERED UP TO
8	9	10	11	12	13

**(SIGNATURE AND SEAL OF G.O.(AN))**



**ANNEXURE - 'E' (Contd.)**

GROUND MENTIONED IN CERTIFICATE	NAME MENTIONED IN CERTIFICATE	RELATION WITH EMPLOYEE	CERTIFICATE DATE	CERTIFICATE ISSUED BY	PERIOD OF EXEMPTION REQUESTED	PREVIOUS GROUND FOR EXEMPTION	EXEMPTED UPTO (dd/mm/yyyy)	RECOMMENDATION FOR EXEMPTION (Yes / No)	Remarks (Detail whether volunteered for any other Panel/HYL)
11	12	13	14	15	16	17	18	19	20

Date: \_\_\_\_\_

(SIGNATURE AND SEAL OF G.O.(AN))



**ANNEXURE - 'F' (Contd.)**

GROUND FOR EXEMPTION (as per Transfer Policy) ( 'AGE'-Above 56 Years, 'PC'-Physically Challenged(above 50%), 'MED.SELF', 'MED.DEP.', 'SINGLE PARENT', 'EDUCATION-X/XII')	CERTIFICATE ATTACHED (Yes / No) (Whether Latest Medical / Single Parent / Education Certificate)	PERIOD OF EXEMPTIO N REQUESTE D (3/6/9/12 Months)	PREVIOUS GROUND FOR EXEMPTIO N	EXEMPTED UPTO (dd/mm/y yyy)	APPLICATI ON ATTACHE D	RECOMM ENDATIO N (Y-Yes, N-No, C- Condition al)	REASON (If No/Condit ional, than reason there of - 'Short Stay', 'Substitut e Required', 'Pending Disciplinar	RECOMM ENDATIO N FOR EXEMPTIO N (Yes / No)
12	13	14	15	16	17	18	19	20

Date: \_\_\_\_\_

(SIGNATURE AND SEAL OF G.O.(AN))