

Office of the CGDA
Ulan Batar Road, Palam, Delhi Cantt.-10
Circular

No. ~~AN/II~~/9010/Port Blair/2016-17

Dt. 04/02/2016

To,

All PCsDA/PCA(Fys)/CsDA/PIFAs/IFAs

Sub: Posting of volunteers to Port Blair (Panel 2016-17): AAOs

Please ascertain and furnish the names of volunteers below 56 years from AAOs for posting to Port Blair. The full service particulars of the volunteers along with ACR gradings for the last three years and other details may be forwarded as per the enclosed Annexure 'A'. The individuals may be informed that only those who will have residual service of at least 02 years at the time of selection will be considered for posting to Port Blair and will be repatriated to one of their choice stations on completion of the prescribed tenure. In case the individual has applied for transfer to some other station in the volunteer list, an endorsement may be made against his name in the list.

2. **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. Requests for cancellation will not be entertained after issue of transfer order.**

3. It is requested to forward to this office original application of all the volunteers strictly as per Annexure 'A' along with connected data in Annexure 'B/C' by **29th February 2016**. Annexure 'B' may also kindly be forwarded in MS Office Excel through CGDA Admin-IX Email ID (admnix.cgda@nic.in).

NIL report is also required.




(Manoj Kumar)

Sr. AO (AN)

Copy to:

- 1) AN-IV Section (Local) – for information and necessary action.
- 2) EDP Cell (Local) - for placing the above circular on HQrs website.



(Manoj Kumar)

Sr. AO (AN)

APPLICATION OF VOLUNTEER FOR PORTBLAIR
(Original copy to be forwarded to HQrs.)

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1	ACCOUNT NO	
2	GENDER (Male / Female)	
3	NAME	
4	CATEGORY (GENERAL/OBC/SC/ST/PH)	
5	GRADE (AAO/ /SUPERVISOR(A/C)/Sr.AUDITOR/AUDITOR/CLERK/PS/STENO/HT/HT/ 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)	
	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/yy yy)
		To Date (dd/mm/yy yy)
13	CHOICE STATION on repatriation (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

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Whether EDP trained (Yes/No) (If yes, specify project)

APAR GRADING
(Upto two decimal places)

6 Brief Grounds for transfer:

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 **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))

Name of Volunteers for PORT BLAIR PANEL (2016-17) From the Organisation

Annexure 'B'

Sl. No.	Account No.	Gender M-Male, F-Female	NAME	CATE GORY	GRADE	DOB Date of Birth (dd/mm/yyyy)	DOA Date of Appointment (dd/mm/yyyy)	HOME TOWN (as per Sl. 9 of Annexure A)	STATION where serving	SERVING DATE (DD/MM/YY)	Stay away date (dd/mm/yyyy)	Choice 1	Choice 2	Choice 3	EDP (Y-yes/ N-No)	Whether appearing in ensuing SAS Part II	APAR 1	APAR 2	APAR 3	GROUND (Tenure/ Hard Tenure Completion, 'AGE'- Above 58 years, 'PC' Physically Challenged (above 50%), 'MED. Self- Medical self, 'MED. DEP'-Medical Dependent, 'Spouse'-As per DOPPT Guideline,	CERTIFICATE ATTACHED (Yes/No) (Whether latest Medical Certificate(NOT A MEDICAL PRESCRIPTION)/Spous e serving Certificate attached	RECOMMENDATIO N (Y-Yes, N-No)	Reason, if not recommended reason thereof	Remarks (Detail whether volunteered for any other panel/HYI)	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
																				(Upto two decimal number)					