

**Office of Controller General of Defence Accounts**  
**Ulan Batar Road, Palam, Delhi Cantt – 110010**

**Important Circular**

No. AN/X/10050/10/2014

Dated: 08.08.2014

To

All Pr. CsDA/ CsDA and equivalent.

Subject: Transfer DAD Establishment – Group 'C' & 'B' employees and upto the level of AAOs.

As aware transfer requests in respect of captioned members of department are processed by this office mainly based on Half Yearly List for the month of October received from PCsDA/CsDA. Since this exercise involves comprehensive transfers of volunteers as well as that of station seniors, and is supposed to coincide with beginning/close of academic session, the importance of timely finalization of the same need not be emphasized. This objective can be achieved only if requisite reports/information is received from all PCsDA/CsDA by the stipulated dates and that too in a uniform manner.

2. In order to obviate delay in finalization of the HYL and to capture information in a uniform manner, separate proformas for volunteers and station seniors for furnishing individual applications and for furnishing information by the Controllers have been devised. The information pertaining to **10/2014 and onwards** may kindly be furnished on these formats keeping in view the instructions as noted in the proformas inter-alia ensuring that under mentioned guidelines have been adhered to:

- i) No transfer within organization is carried out in respect of individuals whose names have been included in HYL till finalization of the same by this office. In case any transfer is inevitable due to administrative reasons, the same may invariably be reported to Hqrs. forthwith specifically giving reference to the HYL report. However, such type of cases should be kept to the barest minimum as the same might result in issue of orders concurrently by Controller's office and by HQrs. and also change in vacancy position.
- ii) Further, if there is any subsequent change in the status of any employee, whose name was included in HYL; due to any reason viz. appearing in SAS Part-II, involvement in disciplinary case, nomination as ROC/JCM member or resigned from department etc. the same has to be specifically intimated to AN-IX & X sections of HQrs. giving reference to HYL, while intimating the fact to other concerned sections of HQrs.
- iii) The application from each individual included in the volunteers list and list of station seniors is attached in the sequence in which their names appear in the HYL report.
- iv) For not recommended cases, the reasons have been recorded in relevant columns of the report, failing which such cases will be taken as recommended and transfers orders will be issued by this office.
- v) Grounds for recommendations have been carefully classified and mentioned specifically while making recommendations in the application format.

- vi) Where names of volunteers have been forwarded to Hqrs. for inclusion in various panels viz. Bhutan, Port Blair, Northern Region or deputations etc. the fact has been brought out specifically while forwarding the report.
- vii) Request on medical grounds should be screened to see that the same is supported with medical certificates (showing name of disease, its gravity, since when suffering and present status) and not by copies of prescriptions and pathological reports. Besides, cases seeking exemption under para 8 of the transfer policy are supported with relevant certificates issued by the competent authority as per applicability. In the absence of relevant certificate the case will be regarded as normal case of stay away seniority/station seniority.
- viii) In cases containing recommendations with regard to domain experts please indicate the details and status of projects on which officials are deployed.

3. Since all out efforts are made to accommodate all the deserving cases to the extent of administrative feasibility, Controllers are requested not to forward individual applications after rendition of HYL in a routine manner. Only genuine requests which could not be included in the HYL due to unforeseeable circumstances may be forwarded under DO letters from PCsDA/CsDA with due recommendations and clearly bringing out the genuineness of the case supported with copies of documents/certificates as noted above along with prescribed proforma for making request for transfer duly filled up by the applicant. The applications received otherwise will not be acted upon by this office and responsibility to respond to the resultant grievances/RTI applications will rest with Controller's office. Subsequent requests for change of choice stations given in HYL or inclusion of new cases will however also not be entertained.

4. It is also seen that after finalization of HYL transfer by this office, a number of individuals have represented that their juniors in the volunteer list have been transferred. In this context, it is clarified that volunteer lists displayed on official website are sorted in descending order of stay away seniority from choice station and this stay away seniority is not the lone criteria for considering transfer requests as due weight-age is also given to factors viz. hard/tenure completion, medical grounds, age, physically disability, serving spouse, ladies seeking repatriation etc. It is therefore, requested that such representations may kindly be examined carefully with reference to these aspects before forwarding to Hqrs.

5. In view of the above, it is requested that soft copy of information pertaining to HYL 10/2014 in DBF/MS-Excel may please be furnished to this office through CGDA WAN (HQ Admin-X folder)/email [admnx.cgda@nic.in](mailto:admnx.cgda@nic.in) for Group 'B' & 'C' staff and [admnix.cgda@nic.in](mailto:admnix.cgda@nic.in) for SO(A)/AAO by 15<sup>th</sup> October, 2014 and information in hard copies along with other documents by 31<sup>st</sup> October 2014.

6. The soft copies of formats are also available on CGDA WAN (HQADMINX folder).

Encl: As above


Copy to:

The OIC AN-IV Section (Local)

The OIC EDP Section (Local)

*For information and necessary similar action please.*

*With request to upload this circular on official website.*

  
(Ambarish Barman)  
Sr. ACGDA (AN)

Sd/—  
(Rajesh Kalia)  
AO (AN)

**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/JHT/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)	<b>To Date</b> (dd/mm/yyyy)
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			

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Total 16 Pages

Annexure 'A-1' (contd)

14	Whether <b>EDP</b> trained (Yes/No) (If yes, specify project)			
15	<b>APAR GRADING</b> (Upto two decimal places)	APAR1	APAR2	APAR3
16	<b>Brief Grounds for tranfer:</b>			
<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><u>UNDERTAKING</u></b>			
It is to undertake that the information furnished above are correct.				
18	Date: ___/___/20___	<b>(SIGNATURE OF APPLICANT)</b>		
<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___	<b>(SIGNATURE AND SEAL OF GO(AN))</b>		

**FORMAT TO BE FILLED BY STATION 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> (AAO/SO(A)/SAS(App)/SUPERVISOR(A/c)/Sr.AUDITOR/AUDITOR/CLERK)					
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 Group 'C' in r/o Staff & SO(A) in r/o officer)					
9	<b>ROSTER No. &amp; CATEGORY</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)					
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 EDP 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))		

(4)

**Name of Volunteers from the Organisation -**  
**Annexure 'B-1'**

SL NO	ACCOUNT NO	GENDER (M-Male F-Female)	NAME	CATEGORY	GRADE	DOB Date of Birth (dd/mm/yyyy)	DOA Date of Appointment (dd/mm/yyyy)	HOME TOWN (as per Srl. 9 of Annexure A)
1	2	3	4	5	6	7	8	9

**Annexure 'B-1' (contd)**

STATION where Serving	SERVING DATE (dd/mm/yyyy)	Stay away DATE from choice1 (dd/mm/yyyy)	CHOICE1	CHOICE2	CHOICE3	EDP (Y'-Yes / 'N'-No)	Whether appearin g in ensuing SAS Part- II	APAR1	APAR2	APAR3
10	11	12	13	14	15	16	17	18	19	20
								(Upto two decimal number)		

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Annexure 'B-1' (contd)

GROUND (Tenure- Hard Tenure Completion, 'AGE'- Above 58 years, 'PC'- Physically Challenged (above 50%), 'MED. SELF'- Medical Self, 'MED. DEP'- Medical Dependent, 'SPOSE'- As per DoPT Guideline, 'LADY', 'HOME TOWN', STAY AWAY')	CERTIFICATE ATTACHED (Yes / No) (Whether latest Medical Certificate (NOT A MEDICAL PRESCRIPTION)/ Spouse service Certificate attached)	RECOMMENDATI ON (Y-Yes, N-No)	REASON, If not recommended reason thereof-	Remarks (Detail whether volunteered for any other Panel/HYL)
21	22	23	24	25

**ANNEXURE - 'B-2'**

**Name of Station Seniors From the Organisation - \_\_\_\_\_**

SL NO	ACCOUNT NO	GENDER (M-Male F-Female)	NAME	CATEGORY	GRADE	Date of Birth (dd/mm/yyyy)	Date of Appointment (dd/mm/yyyy)	HOME TOWN (District only)	STATION where Serving
1	2	3	4	5	6	7	8	9	10

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

SERVING DATE (dd/mm/yyyy)	CHOICE1	CHOICE2	CHOICE3	EDP ( 'Y'-Yes / 'N'- No)	Whether appeari ng in SAS Part- II	APAR (Upto two decimal number)			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)
						APAR1	APAR2	APAR3				
11	12	13	14	15	16	17	18	19	20	21	22	23

Date:

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

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**SERVICE PROFILE OF THE INDIVIDUALS**

ACCOUNT NO	GRADE	OFFICE	ORGANISATION	STATION	FROM DATE (dd/mm/yyyy )	TO DATE (dd/mm/yy yy)	DEPUTA TION

ANNEXURE - 'D'

Name of Officials From the Organisation - \_\_\_\_\_  
 whose Transfer Order have been DEFERRED

SL NO	ACCOUNT NO	GENDER (M-Male F-Female)	NAME	GRADE	STATION where Serving	TRANSFER ORDER LETTER NO.
1	2	3	4	5	9	10

ANNEXURE - 'D' (Contd.)

TRANSFER ORDER LETTER DATE	STATION TRANSFERRE D TO	GROUND FOR DEFERREMENT	DEFERREMENT LETTER NO	DEFERREMENT LETTER DATE	DEFERRED UP TO
11	12	13	14	15	16

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

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ANNEXURE - 'E'

**Name of Station/Organisation Seniors From the Organisation - \_\_\_\_\_ already EXEMPTED**

SL NO	ACCOUNT NO	GENDER (M-Male F-Female)	NAME	GRADE	Date of Birth (dd/mm/yyyy)	Date of Appointment (dd/mm/yyyy)	HOME TOWN (District only)	STATION where Serving	GROUND FOR EXEMPTION (as per Transfer Policy)
1	2	3	4	5	6	7	8	9	10

(13)

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 (dd/mm/yyyy)	RECOMMENDATI ON 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))

14



ANNEXURE - 'F'

Name of Station Seniors From the Organisation - seeking exemption

SLNO	ACCOUNT NO	SEX (M-Male F-Female)	NAME	GRADE	DOB Date of Birth (dd/mm/y yyy)	DOA Date of Appointm ent (dd/mm/y yyy)	HOME TOWN (District only)	STATION where Serving	OFFICE	SERVING DATE (dd/mm/y yyy)
1	2	3	4	5	6	7	8	9	10	11

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ANNEXURE - 'F' (Contd.)

GROUND FOR EXEMPTION (as per Transfer Policy)	CERTIFICATE ATTACHED (Yes / No)	PERIOD OF EXEMPTION (Whether Latest Medical / Single Parent / Education Certificate)	PREVIOUS GROUND FOR EXEMPTION	EXEMPTED UPTO (dd/mm/yy)	APPLICATION ATTACHED	RECOMMENDATION (Y-Yes, N-No, C- Condition all)	REASON (If No/Conditional, than reason there of - 'Short Stay', 'Substitute Required', 'Pending Disciplinary Case')	RECOMMENDATION FOR EXEMPTION (Yes / No)
'AGE'-Above 56 Years, 'PC'-Physically Challenged(above 50%), 'MED.SELF', 'MED.DEP.', 'SINGLE PARENT', 'EDUCATION-X/XII'								
20	21	22	23	24	25	26	27	28

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

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

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