

IMPORTANT CIRCULAR



कार्यालय, प्रधान लेखा नियंत्रक (निर्माणियां)
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Office of the Principal Controller Of Accounts (Fys)
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No. 1795/AN-I/DPC/2022

Date: 13.07.2022

To,

1. The CDA RTC (ER) Kolkata
2. All Field Units of DoO (C & S)
3. All Sections of Main Office

Subject: Reservation in promotion to Persons with Benchmark Disabilities (PwBDs)

Reference: DAD Hqrs Office letter No. AN/II/2151/Reservation/PwBDs dated 06.07.2022

With reference to HQrs Office letter cited under reference, it is requested to provide the following details with respect to the AAOs of PwBDs **upto Roster no. 1950 as per the Roster of AAOs circulated vide HQrs Office No. AN/XI/11056/Roster Corr/2019 dated 13.05.2020.**

Sl. No	Organization	Name of the AAO & Personal No	Whether belongs to PwBDs category a,b,c,d,e as per para 2.2 of the said OM	Whether appointed as direct recruit under PwBDs quota	Category (Gen/SC/ST)	Remarks, if any

2. The requisite details may please be furnished in the prescribed formats (enclosed as Annexure 'A' to 'H') to Admin-I section of this office through email to anone.dad@hub.nic.in, **latest by 15.07.2022 positively**. Further, it may please be ensured that in case of SC/ST category AAOs of PwBDs upto the roster no 1950, necessary verification of their caste (SC/ST) status has been carried out and an undertaking may be obtained from the concerned AAOs belonging to reserved categories as per the provisions contained in DOPT O.M. No. 36011/3/2005-Estt. (Res.) dated 9th September, 2005 and HQrs Office circular No. AN/II/2151/PC-1089(N) dated 11.01.2013.

3. Nil report is also required.

Enclosures: As above

sdt
(Dr. K. Lalbiakchhunga, IDAS)
Dy. Controller of Accounts (Fys)

Copy To:

1. EDP Website Cell -----For uploading to the website please.

Chattujin
Sr. ACCOUNTS OFFICER (AN)

Consolidated Nominal Roll of the AAOs falling in the zone / extended zone of consideration for adjudication by the DPC

Sl. No.	Roster No.	Name of the AAO	CAT. (UR/SC/ST)	Present Office	Folder No.	Remarks, if any
1						
2						
3						
and so on						

Signature of Group Officer with seal

Nominal Roll of the AAOs falling under zone / extended zone of consideration who were on strength as on 01.01.2021 but who died / superannuated / took VRS etc on or after 01.01.2021.

Sl. No.	Name & Roster No. of the AAO	CAT. (UR/SC/ST)	Contingency (death/proceeded on superannuation/ voluntary retirement/ permanent absorption, etc.)	Date of contingency	Remarks, if any
1					
2					
3					
and so on					

Signature of Group Officer with seal

Annexure "C"

Roster No. _____

1.	Name of the AAO (Shri / Smt./ Ms.)	
2.	Account No.	
3.	Male / Female	
4.	Qualification	
5.	Date of Birth	
6.	Date of Appointment	
7.	Date of passing SAS Examination	
8.	Date of promotion to AAO's Grade	
9.	(i) Home Town	
	(ii) District	
	(iii) State	
10.	Whether belonging to SC/ST (mention category with caste / sub caste) <i>In case of SC/ST category AAOs please enclose requisite certificates along with an undertaking from the AAO concerned as per the guidelines contained in DoP&T OM dated 09.09.2005 as circulated vide HQrs Office circular No. AN/II/2151/PC-1089, dated 11.01.2013.</i>	
11.	Whether physically handicapped. If so, mention percentage of disability duly supported with disability certificate issued by the competent Medical Authority	
12.	Whether any of the dependent is differently able. If so, mention details thereof with supportive documents/certificate.	
13.	Whether spouse is working. If so, mention details viz. Cntral Govt./ State Govt./PSUs/Others	
14.	Whether any disciplinary / criminal case is pending as on date. If so, full facts of case with present position and details to be enclosed duly mentioning the present status thereof.	
15.	Whether integrity is certified in the ACRs/MTCRs/APAR/ MTPAR for the period 2015-16 to 2019-20	
16.	Whether any Recorded Warning / Penalty has been issued to the AAO in last 10 years (including those reflected in the APAR and other character rolls). If so, details to be enclosed.	
17.	Whether the AAO was reprimanded for indifferent work or for other causes during last 10 years	
18.	Whether any adverse remarks has been given in the APAR/MTPAR for the period 2015-16 to 2019-20. Details of the same and results of the representation if any so made by the AAO.	
19.	Whether APAR/MTPAR 2015-16 and onwards communicated to AAO (Yes/No). If any representation received against final grading, if so, the final outcome may be intimated .	
20.	Classification of ACRs for the last 5 years (APARs/MTPARs with period)	2015-16 2016-17 2017-18 2018-19 2019-20

21.	Whether EDP Trained (Yes/No)	
22.	Present office of the AAO (full address) with date since when serving in that office	
23.	Details of Service	As indicated below

Table 1

Sl. No.	Office and station served/serving	Section served/serving	Organization under which served/serving	Period		Total years / Months served/ serving in station (s)	
				From	To	Years	Months

Note: While preparing table 2, it may please be kept into view that there may be different spells of service in any particular station but the whole service in each station is shown instead of showing it in different spells and one station appears once in the table. The consolidated period of service at the present station should be shown at the bottom of Table 2 below.

Table 2

Details of total service rendered at each station			
Sl. No.	Name of Station	Consolidated period of service at the station	
		Years	Months

Table 3

Details of service rendered at present station				
Name of Station	Serving at present station since	Period of service at the present station		
		Date	Years	Months

Station:
Date.

(Signature of Group Officer with seal)

Annexure "D"

Nominal Roll of the AAOs falling in the zone / extended zone of consideration for adjudication by the DPC

Disciplinary case/Court case /Penalty, etc.

Sl. No.	Name & Roster No. of the AAO	Present Office	Brief details for the discipline/ criminal case pending or contemplated	Recorded warning/ Major/ Minor penalty imposed, if any, in last 10 years	Remarks, if any
1	2	3	4	5	6

(Signature of Group Officer with seal)

(To be submitted in duplicate)

Annexure "E"

CERTIFICATE

Certified that Mr/Mrs.....Asstt. Accounts Officer (Roster No.....) presently serving in office of the has not been awarded any major or minor penalty and no displeasure of any superior officer or authority has been conveyed to him/her as reflected in his APARs/ MTPARs for 10 years.

2. Penalty imposed, if any, may please be indicated (as given below):

Nature of Penalty, whether Minor/Major	-	
Penalty imposed	-	
Currency of Penalty (i.e. From/To)	-	
Reference of Part II Office order under which notified (Enclose copy)	-	
Present Status	-	

Station:

Dated.

(Signature of Group Officer with seal)

Annexure "F"

Nominal Roll of the AAOs falling in the zone / extended zone of consideration for adjudication by the DPC

Furnishing of Choice station(s) for postings on promotion:

Sl. No.	Roster No.	Name of the AAO	Office where serving	Request with reasons (duly supported with documents viz. medical certificate etc.)	Recommendation of PCDA/CDA	Remarks
1	2	3	4	5	6	7
1						
2						
3						
4						

Signature of Group Officer with seal

Note: It has been observed that representations for change of postings ordered by this HQrs. Office citing various reasons are received after release of promotions. In order to avoid administrative dislocation caused by review of these transfer orders, it is requested to have **Annexure-F** given above completed in respect of AAOs in the consideration zone, who may so desire. This Annexure attempts to capture all relevant information regarding family problems, medical reasons etc., that an officer may like to mention in support of his/her request for a particular station. We would keep the requests in view while deciding the postings but it must be made amply clear to all concerned that this should not be viewed as a promise to post the officers at their choice stations. The postings will be decided after duly considering the information supplied and, therefore, no further representation for change of posting will normally be entertained once the promotion orders are issued by this HQrs, unless the request is for forgoing the promotion. No further representation for change of posting on promotion should, therefore, be forwarded unless it is for forgoing promotion or warranted by some unforeseen later developments. Further, since the circumstances of the eligible AAOs who have given choice stations earlier, might have changed, fresh applications are required to be submitted to this HQrs in respect of each eligible AAO falling in the zone of consideration so that while deciding their postings, the latest grievances/problems mentioned by them be kept in view for considering their posting on promotion to AO's grade. The Pr. Controllers/ Controllers are also requested that separate recommendation be made in each case.

Nominal Roll of the AAOs falling in the zone / extended zone of consideration for adjudication by the DPC and who are currently serving on deputation:

Sl. No.	R/No.	Name of the AAO	Office, Station and name of Deputation Department where serving (mention complete postal address)	Proforma Controller	Date of joining Deputation Department	Initial period of Deputation	Date up to which extended (if any)	Whether officer is willing to continue on deputation after promotion to AO's grade
1	2	3	4	5	6	7	8	9
1								
2								
3								
4								

CERTIFICATE

This is to certify that the Annual Performance Assessment Reports for the year 2015-16 and onwards (and also the NO APAR/MTPAR certificate, if any, during the above years) in respect of all the under mentioned Asstt. Accounts Officers in the zone / extended zone of consideration for promotion to the Accounts Officers grade by the DPC have been communicated to the officers concerned as mentioned against each.

Sl. No.	R. No.	Name of the AAO	2015-16	2016-17	2017-18	2018-19	2019-20	Whether any acknowledgment received (give particulars)	Whether any representation made by the officer within prescribed time limit (Yes/No) (if yes, attach copy)	Decision on the representation (attach copies of comments of Reporting & Accepting Officers, office Note on representation, and speaking order)
1	2	3	4	5	6	7		8	9	10
1.			Communicated	Communicated	Communicated	Communicated	Communicated			
2.			NO APAR	Communicated						
3. so on			Communicated	Communicated 01.04.09 to 31.12.09 01.04.09 to 31.12.09 No Report 01.01.01 to 31.03.10						

(Signature of Group Officer with seal)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
SL No.	R No.	Name of the Officer	Gender M/F	A/c No.	D.O.B	Category UR/SC/ST	Date of Appointment	Education Qualification	Home Town	State	Permanent Address	PH (with percent of disability)	Spouse (whether employed in DAD)	Medical/ Health Issues if any	Training Details (if any)	Date of promotion to AAO	Disciplinary Actions	Office where serving	Organisation where serving
	XXXX	Kunalbxxxx	Male	8341xxx	XX-XX-XXXX	UR	01-01-19xx	M.Sc	Jaipur	Rajasthan	xxxx xxxx xxxx	YES, 45%	YES	NO	NO	01-04-2006	NO	HQRS OFFICE	CGDA DELHI CANTT.

21	22	23	24		25	26	27	28				29					
			Station served with period					Details of Service									
Date of serving in the office	Date of serving in the station	Station	Years	Months	Choice stations and ground in brief, if any	APAR Grading	2015-16	2016-17	2017-18	2018-19	2019-20	Office	Organisation	Station	Date From (dd-mm-yyyy)	Date To (dd-mm-yyyy)	Remarks, if any
18-07-20XX	18-07-20XX	Chennai New Delhi Allahabad	6 2 0	* 11 05 01	I) Jaipur II) Chennai III) Bangalore	2015-16-OS 2016-17-VG 2017-18-G/OS 2018-19-OS/VG 2019-20-NO MTPAR/OS/VG	9.2-OS	7.5-VG	6.0-G/ 7.8-VG	8.5-OS/ 7.5-VG	NO MTPAR (01-04-15 to 25-07-2015)/8.25-OS/7.5-VG	Main Office	COA Chennai	Chennai	28-07-2011	30-06-2018	
												HQRS OFFICE	CGDA DELHI CANTT.	New Delhi	01-07-2018	31-12-2021	
												PCDA (P) ALLAHABAD	PCDA (P) ALLAHABAD	ALLAHABAD	01-01-2022	31-01-2022	

UNDERTAKING

I,, A/C No....., AAO do hereby declare that "I still belong to the Caste/Tribe which is recognized as a Scheduled Caste/Tribe under the Constitution and if the verification reveals that my claim to belong to Scheduled CASTE/TRIBE, as the case may be is false or the Caste/Community to which I belong is de-scheduled subsequently, my promotion will be cancelled and I will be reverted to the post from which I am promoted without assigning any further reasons and without prejudice to such further action as may be taken under the provisions of the law for giving false statement/certificate."

Place:

Signature

Date:

Name:
Designation:

Residential Address:

Permanent Home Address:

Name:
Vill.:
P.O.:
Dist:
State:

Name:
Vill.:
P.O.:
Dist:
State:

Caste/Tribe:
Sub-Caste/ Tribe:
Community:

Place:
Date:

Signature

Name:
Designation: