

Telegraphic Address :
"SATARKTA: New Delhi"

E-Mail Address :
cenvigil@nic.in

Website :
www.cvc.nic.in

EPABX :
011-24600200

फैक्स/FAX :
011-24651186



केन्द्रीय सतर्कता आयोग
CENTRAL VIGILANCE COMMISSION



सतर्कता भवन, जी.पी.ओ. कॉम्प्लैक्स,
ब्लॉक-ए, आई.एन.ए., नई दिल्ली-110023

Satarkta Bhawan, G.P.O. Complex,
Block-A, INA, New Delhi-110023

MISC/CDN-2/19
सं./No.

दिनांक/Dated 26.08.2019

Sub: -Submission of charge assumption report by the newly appointed CVOs to the Commission – regarding.

It has been observed that at times newly joined full-time/part-time CVOs either fail to submit their charge assumption report to the Commission or submit them after considerable delay. In the absence of charge assumption report, the Commission is unable to update its CVO data base which is in public domain. Due to non-updation of CVO data, citizens are hampered in addressing their complaints and other communications to the current CVOs. Officers of the Commission also face difficulties in establishing effective communication with the new CVOs in the absence of their up to date particulars.

2. In order to facilitate proper communication with Ministries /Departments /CPSUs /PSBs /PSICs /FIs /Autonomous organizations etc., the newly appointed CVOs (both full-time and part-time) are requested to submit their charge assumption report alongwith other particulars (as per the enclosed format) to the Commission immediately on assumption of charge as CVO. The communication in this regard may be also mailed to: - rn.nayak@nic.in and mohanty.pk@nic.in

3. All CVOs/Administrative Authorities are advised to ensure strict compliance to the above instructions.


(R N Nayak)
Director

To

All Chief Vigilance Officers of Ministries/Departments/CPSUs/PSBs/PSICs/FIs/Autonomous organizations etc.

PARTICULARS OF CHIEF VIGILANCE OFFICER

S. No	Particulars	
1.	Name of the Organisation with full address (Please indicate the Administrative Ministry / Department / Autonomous bodies)	
2.	Name of the C.V.O	
3.	Telephone number (s) Office: Residence: Mobile No.: Email ID:	
4.	Fax No.	
5.	Date of birth of CVO	
6.	Date of superannuation of CVO	
7.	Designation of the CVO within the Organization	
8.	Service to which he belongs with cadre	
9.	Pay-scale of the incumbent	
10.	Whether the post of CVO is full-time or part-time?	
11.	Whether the functions of CVO have been assigned to him in addition to his normal duties or he is working on full-time as CVO only?	
12.	Date of approval of the appointment of the CVO by the Commission.	
13.	Whether on deputation or from Within the organization?	
14.	Date on which he took over the charge of the post of CVO	
15.	Date on which his tenure ends	
16.	Whether attended any training course for CVOs organized by the CVC? If so, the dates	
17.	Whether worked as CVO earlier? If so, the name of the organization (with period)	
18.	If the post of CVO is vacant or not filled with the approval of the Commission, since	

	when and why?	
19.	Date of relinquishing charge by relinquishing predecessor	
20.	If office located out of Delhi. Please indicate name(s) and other particulars including residence/ office telephone Nos. of Delhi based officer(s) of your organization who can be contacted in emergent situation to pass on messages to you.	
21.	Fax No., if any (Delhi)	
22.	Any other remarks.	