

PROFORMA REGARDING EMPLOYMENT OF DEPENDENTS OF GOVERNMENT SERVANTS DYING WHILE IN SERVICE/RETIRED ON INVALID PENSION

PART-A

- I. (a) Name of the Government servant (Deceased/retired on medical ground)
- (b) Designation of the Government Servant
- (c) Whether it is MTS(erstwhile Group 'D')or not?
- (d) Date of Birth of the Government Servant
- (e) Date of death/retirement on medical grounds
- (f) Total length of Service rendered
- (g) Whether permanent or temporary
- (h) Whether belonging to SC/ST/OBC
- II. (a) Name of the candidate for appointment
- (b) His/Her relationship with the Government Servant
- (c) Date of Birth
- (d) Educational Qualifications
- (e) Whether any other dependent family member has been appointed on Compassionate grounds
- III. Particulars of total assets left including amount of
- (a) Family Pension
- (b) D.C.R. Gratuity
- (c) G.P.F. Balance
- (d) Life Insurance Policies (including Postal Life Insurance)
- (e) Moveable and Immovable properties & annual income earned therefrom by the family.
- (f) C.G.E. Insurance amount
- (g) Encashment of leave
- (h) Any other assets
- Total**
- IV. Brief particular of liabilities, if any.
- V. Particulars of all dependent family members of the Government servant (if Some are employed, their income and whether they are living together or separately

S.No.	Name(s)	Relationship with Govt. servant	Age	Address	Employed or not if employed particulars of employment and emoluments)
1					
2					
3					

- VI. **Declaration/Undertaking**
- 1. I hereby declare that the facts given by me above are, to the best of my knowledge, correct. If any of the facts herein mentioned are found to be incorrect or false at a future date, my services may be terminated.
- 2. I hereby also declare that I shall maintain properly the other family members who were dependent on the Government servant/Member of the Armed Forces mentioned against 1(a) of Part-A of this form and in case it is proved at any time that the said family members are being neglected or not being properly maintained by me, my appointment may be terminated.

Date:

Signature of the Candidate

Name.....

Address.....

Mobile No.....

Email ID.....

PART-B

(TO BE FILLED IN BY OFFICE IN WHICH EMPLOYMENT IS PROPOSED)

- I. (a) Name of the candidate for Appointment. _____
- (b) His/Her relationship with the Government servant. _____
- (c) Age (date of birth), educational qualifications and experience, If any. _____
- (d) Post (Group C) which employment is Proposed _____
- (e) Whether there is vacancy in that post within the ceiling of 5% prescribed under the scheme of compassionate appointment. _____
- (f) Whether the post to be filled is included in the Central Secretariat Clerical Service or not. _____
- (g) Whether the relevant Recruitment Rules provide for direct recruitment. _____
- (h) Whether the candidate fulfils the requirements of the Recruitment Rules for the post. _____
- (i) Apart from waiver of Employment Exchange/Staff Selection Commission procedure what other relaxation are to be given. _____
- (II) Whether the facts mentioned in Part-A have been verified by the office and if so, indicate the records. _____
- (III) If the Government servant died/retired on medical grounds more than 5 years back, why the case was not sponsored earlier. _____
- (IV) Personal recommendation of the Head of the Department in the Ministry/ Department/Office.
(With his signature and office Stamp/seal) _____