

APPLICATION FORM

PART-I

Application for appointment on compassionate ground should be submitted in the following forms: -

1. PARTICULARS OF THE APPLICANT

- (i) Name :
- (ii) Date of Birth (Supported by Certificate) :
- (iii) Educational qualification
(attach attested copy) :
- (iv) Employment Card No. (Attach attested copy) :
- (v) Category – BL/MBC/OBC/ST/SC
(Attach attested copy) :
- (vi) Address for correspondence :

2. PARTICULARS OF THE DECEASED GOVERNMENT SERVANT

- (i) Name of deceased Government :
- (ii) His/her relationship with the applicant :
- (iii) Date of Death :
- (iv) Office/Department in which last
employed :
- (v) Post last held :
- (vi) Appointment last held
 - (a) Temporary :
 - (b) Permanent :

3. The applicant should also furnish the following details: -

- (i) His/her Income Certificate (in original) issued by the concerned District Collector/Sub-Divisional Officer/Block Development Officer.
- (ii) Attested copy of SSC/COI (attested by District Collector/Sub-Divisional Officer or Revenue Officer). In case as widow is applying for compassionate appointment, SSC/COI of husband also be submitted.
- (iii) Attested copy of category Certificate (BL/MBC/OBC/ST/SC)
- (iv) Attested copy of school Certificate
- (v) Attested copy of Birth Certificate
- (vi) NOC from family members
- (vii) Clearance from SIDICO
- (viii) Undertaking as Prescribed in Annexure
- (ix) Attested copy of valid Local Employment Card
- (x) Unmarried Certificate (in case daughter is applying for compassionate appointment)

Contd/-.....

DECLARATION BY THE APPLICANT

I hereby declare that none of the family members are in the Government service.

I further declare that all statements in the application are true, complete and correct to the best of my knowledge and belief. In the event of my information being found false and ineligibility being detected before or after the appointment, action can be taken against me by the Controlling Authority as deemed fit and proper.

(SIGNATURE OF APPLICANT)

VERIFICATION BY A PERMANENT GOVERNMENT SERVANT

..... is known to me and the facts mentioned by him are correct.

Signature of permanent Government Servant

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PART-II

VERIFICATION BY DEPARTMENTAL COMMITTEE (See Clause 7)

- I. (a) Name of the candidate for appointment :
- (b) His/her relationship with the deceased :
Government Servant
- (c) Educational qualification, age (date of birth) and experience, if any :
- (d) Post for which appointment is proposed :
- (e) Whether the Recruitment Rules provide :
for direct recruitment
- (f) Whether the candidates fulfills the :
provisions of the Recruitment Rules for
the post
- II. Whether the facts mentioned in Part-I :
have been verified by the office and if so,
indicate the records
- III. Amount of family pension received :
- IV. Amount of Gratuity received :
- V Benefits received from Insurance :
Death claims
- VI. Property holdings of the deceased :
Government Servant
- VII. Economic status of the dependents :
- VIII. Recommendations of the Committee :
Members

Signature
(Member-I)

Signature
(Member-II)

Signature
(Head of Department)

ANNEXURE

DECLARATION/UNDERTAKING

I, hereby declare and undertake that I shall maintain properly the other family members who are dependent upon the deceased Government servant. In case, it is reported and proved at any time that such family members are being neglected or not being properly maintained by me, my appointment may be terminated.

Signature of the appointee

Name :

Address :

Date: