

ANNEXURE

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

I.	(a.)	Name of the Government servant (Deceased/Retired on medical grounds).	
	(b.)	Designating of the Government servant.	
	(c.)	Whether it is Grout 'D'	
	(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.)	Whether any other dependent family member has been appointed on compassionate grounds.	
III.		Particulars of total assets left including amount of :-	
	(a.)	Family pensions.	
	(b.)	DCR Gratuity	
	(c.)	GFF balance.	
	(d.)	Life insurance Policies (Including Postal Life Insurance).	
	(e.)	Moveable and immoveable properties and annual income earned therefore by the family.	
	(f.)	CGE Insurance amount.	
	(g.)	Encashment of leave.	
	(h.)	Any other assets.	
		Total	
IV.		Brief particulars of liabilities, if any.	
V.		Particulars of all dependents 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 the Government Servant.	Age	Address	Employed or not (if employed particulars of employment and emoluments.).
(1)	(2)	(3)	(4)	(5)	(6)
1.					
2.					
3.					
4.					
5.					
6.					

DECLARATION / UNDERTAKING

1. 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 order family members who were dependent on the Government servant / member of the Armed Forces mentioned against I (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 Candidate

Name :- _____

Address :- _____

Shri/Smt./Kum _____ is known to me and the facts mentioned by him/her are correct.

Date :-

Signature of Permanent Government Servant

Name :- _____

Address :- _____

I have verified that the facts mentioned above by the candidate are correct.

Date :-

Signature of the Welfare Officer

Name :- _____

Address :- _____

Part – B

(To be filled in by office in which employments 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 for which employment is proposed and whether it is Group 'C' or 'D'.	
	(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 relaxations 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).	