

**PROFORMA REGARDING EMPLOYMENT OF DEPENDENTS OF GOVERNMENT  
SERVANT DYING WHILE IN SERVICE/ RETIRED ON INVALIDIED PENSION**

- I (a) Name of the Government :  
Servant (Deceased / retired on  
medical grounds)
- (b) Designation of the Government :  
servant
- (c) Whether it is Group 'D' or not :
- (d) Date of death /retirement on :  
medical grounds
- (e) Date of birth of the Government :  
Servant.
- (f) Total length of service rendered :
- (g) Whether permanent or :  
temporary
- (h) Where belonging to SC/ST/OBC :
- II (a) Name of the candidates for :  
appointment
- (b) His /Her relationship with the :  
Government servant
- (c) Date of birth :
- (d) Educational qualification :
- (e) Where any other dependent :  
family members has been  
appointed on compassionate  
grounds.
- III Particulars of total assets left including :  
amount of :-
- (a) Family pension :
- (b) D C R Gratuity :
- (c) GPF Balance :
- (d) Life insurance policies :  
(including postal life insurance )
- (e) Moveable and immovable :  
properties and annual income  
earned share
- (f) CGE Insurance amount :
- (g) Encashment of leave :
- (h) Any other assets :
- Total = :

... 3 ...

- IV Brief particulars 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 of separately )

S/ No	Name (s)	Relationship with the Government servant	Age	Address	Employed or not (if employed particulars of employment and emoluments
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- 1.
- 2.
- 3.
- 4.
- 5.

**DECLARATION /UNDERTAKING**

- 1. I hereby declared 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 Govt servant/members of the Armed Forces mentioned against I (a) of Part – A of this form and incase it is proved at any time that the said family members are being neglected or not being properly maintained by me, me appointment may be terminated.

( Signature of the candidates)

Name :

Address :

Date :

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

(Signature of permanent Government servant )

Name :

Address :

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

Signature of the Welfare Officer / Tehsildar

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

- I. (a) Name of the candidates for appointment :
  - (b) His/Her relationship- with the Government servant
  - (c) Age(date of birth),education : 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 : requirement of the recruitment Rules for the post.
  - (j) Apart from waiver for 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 ground 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 )

**NO OBJECTION CERTIFICATE**

1. Certified that I am the widow /legal NOK of Ex GS \_\_\_\_\_  
Trade \_\_\_\_\_ Name \_\_\_\_\_ who died on \_\_\_\_\_  
under the provision of Govt of India department of Pers OM No. 14014/6/86-  
Estt (1) dated 30 Jun 87, no member of my family has been appointed  
/nominated by me so far.

2. For the first time to avail above concession, I nominate Shri  
\_\_\_\_\_ who is giving an undertaking to look after me and  
my children financially for while of my life.

( Signature of the next of Kin )  
Name and relationship with  
deceased /med boarded out pers

Witness

Signature, Name  
And Full address

**UNDERTAKING BY THE NOMINEE**

1. I, \_\_\_\_\_ Son/ daughter of Ex GS \_\_\_\_\_  
Trade \_\_\_\_\_ Name \_\_\_\_\_ hereby declare  
that in case am provided employment assistance. I will support the family of  
the above named deceased person/medically boarded out person financially  
and her /his family through her /his life failing which I will stand losing my  
appointment/job if so offered under the provisions of Govt of India,  
department of pers and ARs OM No. 14014/6/86/Estt (1) dated 30 Jun 1987.

Witness

Signature  
Name and full address

Signature of the nominee  
Name and relationship  
with deceased /medically  
boarded out person.

**Countersigned**

Certified that the above undertaking has been made and signed in my  
presence.

( Signature, name &  
designation of the  
Gazetted officer with Dated  
office seal )

:

Contd/P-6

CERTIFICATE

1. This is to certify that Shri/Smt \_\_\_\_\_ is the legal heir of Late /Ex GS \_\_\_\_\_ Trade \_\_\_\_\_ Name \_\_\_\_\_ resident of Vill \_\_\_\_\_ PO \_\_\_\_\_ Tehsil \_\_\_\_\_ Distt \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_.

2. Late /Ex GS No \_\_\_\_\_ Trade \_\_\_\_\_ Name \_\_\_\_\_ died while in service /medical boarded out with General Reserve Engineer Force, Ministry of Surface Transport Govt of India.

3. Family of the deceased /invalided out GREF pers consists of the following members who are wholly dependents of the deceased /medically boarded out Govt servants :-

Sl	Name	Age/Date of birth	Relationship with the Govt servant
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- (a)
- (b)
- (c)
- (d)

4. There is no one from the above who is employed in Govt service except the following :-

- (a) \_\_\_\_\_
- (b) \_\_\_\_\_

5. The family has been living on the meager family pension sanctioned by Govt of India consequent of death /invalidation of Late / Ex GS

Trade \_\_\_\_\_ Name \_\_\_\_\_ and the family in hard pressed financially and find it difficult to manage survival.

6. The family of the deceased /medically boarded out Govt servant does not possess any immovable /movable property except the following :-

- (a) \_\_\_\_\_
- (b) \_\_\_\_\_

7. Source of income of the family of Late /Ex GS \_\_\_\_\_ Trade \_\_\_\_\_ Name \_\_\_\_\_ From \_\_\_\_\_ and is approximately Rs \_\_\_\_\_ per month with which they have maintained themselves from the date of death /invalidation of the Govt servant till date.

8. Shri \_\_\_\_\_ son of the above Govt servant was below 18 years at the time of death of invalidation and the gone is available for employment on compassionate ground.

Date :  
Place:

( Signature of Collector /  
Tehsildar with his seal )

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**CERTIFICATE TO BE SIGNED BY THE TEHSILDAR /COLLECTOR FOR  
CONSIDERATION OF COMPASSIONATE APPOINTMENT**

Certified that Shri /Smt \_\_\_\_\_ is widow/  
father /brother /sister of Ex GS \_\_\_\_\_ Trade  
\_\_\_\_\_ Name \_\_\_\_\_ and his /her  
monthly income is as per the following details :-

(a)	Basic family pension (Excluding DA & Allces )	:	Rs. _____
(b)	Monthly income from earning members	:	Rs _____
(c)	Monthly income from Movable /immovable property (As per latest market value in Rs. )	:	Rs _____
(d)	Total number of dependents	:	_____ Nos
(e)	Total number of unmarried daughters	:	_____ Nos
(f)	Total number of minor children	:	_____ Nos

It is also certified that the family of the deceased comes \* above /below the poverty line ( In accordance with the planning commission amounting to the income below Rs 1767.20 (ie Rs 353.14x5) for a family of 5 members per month) and all benefits of below poverty line are being \* extended /not extended to the family.

Note : \* Score out which  
Over is not  
applicable.

Signature of Tehsildar /  
Collector with office Seal