

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

**PART-A**

1.	(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 ground	
	(f)	Total length of Service rendered	
	(g)	Whether permanent or temporary	
	(h)	Whether belong 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 Qualification	
	(e)	Whether any other dependent family member has been appointed on compassionate grounds	
III	<b>Particulars of total assets left including amount of</b>		
	a)	Family Pension	
	b)	Death-cum- Retirement Gratuity (DCRG)	
	c)	GPF Balance	
	d)	Life Insurance Policies (including Postal Life Insurance)	
	e)	Movable and immovable properties & annual income earned therefrom by the family.	
	f)	CGE Insurance amount	
	g)	Encashment of Leave	
	h)	Any other assets	
	<b>TOTAL</b>		
IV	<b>Brief particular of liabilities, if any</b>		
V	<b>Particulars of all dependent family members of the government servant ( If some are employed, their income and whether they are living together or separately</b>		

S.No	Name(s)	Relationship with Govt. Servant	Age	Address	Employed or not, if employed, particulars of employment and emoluments.
1					
2					
3					
VI	<b>Declaration/undertaking</b>				
1.	<b>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 future date, my services may be terminated.</b>				
2.	<b>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.</b>				
	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 fulfills the requirement 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/retire 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).		