

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

|            |  |   |  |
|------------|--|---|--|
| <b>I</b>   | <b>Particulars of deceased/employee retired on invalid pension</b> |   |  |
|            | a)   | Name of the Government Servant (deceased/retired on medical grounds.)                                       |  |
|            | b)   | Designation of the Government servant   |  |
|            | c)   | Date of birth of Deceased/Retired on medical ground Govt. Servant   |  |
|            | d)   | Date of Superannuation of Deceased retired on medical ground, Govt. Servant                                 |  |
|            | e)   | Whether MTS or Not?   |  |
|            | f)   | Date of Death/retirement on Medical grounds   |  |
|            | g)   | Date of initial appointment in Government service in r/o Deceased/retired on medical grounds Govt. Servant. |  |
|            | h)   | Total length of service rendered  |  |
|            | i)   | Age at the time of death  |  |
|            | j)   | Whether permanent or temporary  |  |
|            | k)   | Whether belonging to SC/ST/OBC  |  |
|            | <b>II</b>  | <b>Particulars of the Candidate</b>   |  |
| a)         |  | Name of candidate for appointment   |  |
| b)         |  | His/Her relationship with the Government Servant  |  |
| c)         |  | Marital status of the applicant   |  |
| d)         |  | Date of birth of candidate  |  |
| e)         |  | Educational Qualification of candidate<br>General<br>Technical  |  |
| f)         |  | Whether any other dependent has been appointed on compassionate ground                                      |  |
| g)         |  | Height of the applicant   |  |
| <b>III</b> | <b>Particulars of total assets left including amount</b>           |   |  |
|            | a)   | Family Pension  |  |
|            | b)   | Retirement/Death Gratuity   |  |
|            | c)   | G.P.F Balance (DLIS)  |  |
|            | d)   | L.I. Policies (including PLI)   |  |
|            | e)   | C.G.E. Insurance amount + Saving fund   |  |
|            | f)   | Encashment of Leave   |  |
|            | g)   | D.P.W.S Fund  |  |
|            | h)   | Any other assets  |  |
|            | i)   | Amount of DLIS  |  |
|            | Total  |   |  |

|            |   |  |   |         |  |                |
|------------|---|--|---|---------|--|----------------|
| <b>IV</b>  | <p>(a) <b>Movable and immovable properties</b>/Agricultural Land etc., in the name of deceased government servant or any member of family, in Delhi or out side Delhi.</p> <p>(b) If yes, annual income earned and details thereof.</p> |  |   |         |  |                |
| <b>V</b>   | <b>Brief Particulars of Liabilities, if any</b>   |  |   |         |  |                |
| <b>VI</b>  | <b>Residence particulars &amp; Address</b>  |  | <p>Rented / Own House / Govt. Accommodation(Enclose proof)</p> <p>Address: .....</p> <p>.....</p> <p>Post Office : .....</p> <p>Tehsil/Sub-division: .....</p> <p>District : .....</p> <p>Pin code : .....</p> <p>State : .....</p> |         |  |                |
| <b>VII</b> | <b>Particulars of all dependents of the employee (if some are employed, their income and whether they are living together or separately)</b>  |  |   |         |  |                |
| S.N        | Name(s)   | Relationship with the Government Servant | Date of birth /Age  | Address | Employed or not (if employed particulars of employment and emoluments) | Marital Status |
| (1)        | (2)   | (3)                                      | (4)   | (5)     | (6)  | (7)            |
| 1          |   |  |   |         |  |                |
| 2          |   |  |   |         |  |                |
| 3          |   |  |   |         |  |                |

| <b>VII</b> | <b>DECLARATION/UNDERTAKING</b>   |
|------------|--|
|            | <p>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 and I would be prosecuted under section 177,193,197,198,199 &amp; 200 of IPC.</p> <p>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 mention against I(a) of Part-A of this form and in case it is proved at any time that the said family member are being neglected or not being properly maintained by me, my appointment may be terminated.</p> <p>Dated _____ Signature of the Candidate _____</p> <p>Name :- _____</p> <p>Address:- _____</p> <p>I have verified that the facts mentioned by the candidate above, are correct.</p> <p>Dated _____ Signature of the Welfare Officer of the Department<br/>with office stamp/seal</p> <p>Name :- _____</p> <p>Address :- _____</p> <p>_____</p> <p>Rank, Name &amp; Number with place of posting :-</p> |

**Enclosure :**

|    |  |
|----|--|
| 1. | Death Certificate (in original)  |
| 2. | Copy of certificates as proof Educational qualification & experience, (Self Attested)  |
| 3. | Proof of Age/DOB of applicant & other family members (Self Attested)   |
| 4. | Copy of ration card (Self Attested)  |
| 5. | Copies of orders of all pension benefits i.e. PPO, GLIS, Savings etc. (Self Attested duly verified by administrative department concerned) |
| 6. | NOC from other members of family (Self attested declaration/undertaking)   |
| 7. | Two Photographs of applicant. (Attested by the Department)   |
| 8. | Rent agreement, Rent receipt and proof of ownership of Landlord of last quarter if applicable.   |

NOTE: FURNISHING OF WRONG / FALSE INFORMATION / CERTIFICATE IS PUNISHABLE UNDER SECTION 177, 193, 197, 198, 199 & 200 OF IPC.

**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 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 relaxation are to be given.    |  |
| II  | Whether the facts mentioned in Part-A have been verified by the office and if so, indicate the record                                  |   |  |
| III | If the Government servant died/retired on medical grounds more than 5 years back, reasons for delay in submission of case be provided. |   |  |
| IV  | Personal recommendation of the Head of the Department in the Ministry/Department/Office  |   |  |

SIGNATURES OF HEAD OF OFFICE  
WITH OFFICE SEAL

**APPENDIX-II****A ENQUIRY TO BE MADE BY SPECIAL BRANCH OR LOCAL POLICE**

| Name | Date of Birth & age | Married/ Unmarried | Relationship with the deceased employee | Earning/ Non-earning | Occupation Govt./Pvt. | Living with the family/separately if separately please add photo copy of ration cards of both |
|------|---------------------|--------------------|---|----------------------|-----------------------|---|
|      |                     |                    |   |                      |                       |   |
|      |                     |                    |   |                      |                       |   |
|      |                     |                    |   |                      |                       |   |
|      |                     |                    |   |                      |                       |   |

**B DETAILS ABOUT MOVEABLE /IMMOVABLE PROPERTY**

| House /Plot No. | Measurement | Location | Present value | Name of the owner | Financial position |
|-----------------|-------------|----------|---------------|-------------------|--------------------|
|                 |             |          |               |                   |                    |
|                 |             |          |               |                   |                    |
|                 |             |          |               |                   |                    |
|                 |             |          |               |                   |                    |

**C DETAILS OF OTHER MOVABLE PROPERTY**

| Agricultural land or any other property | Measurement | Location with present value Vill/Tehsil/Distt etc. | Monthly annual income | Name of the owner (Relationship with the deceased) |
|---|-------------|--|-----------------------|--|
|   |             |  |                       |  |
|   |             |  |                       |  |
|   |             |  |                       |  |
|   |             |  |                       |  |

Signature of the Enquiry Officer  
With Name, Rank and PIS No.  
With Stamp of the EO.