

Application for compassionate Engagement

To

The _____ (HOU/Sub Divisional Head)

Sub: Request for Engagement on compassionate grounds of Sh/Smt. _____ son/wife/ daughter of _____ Late Shri _____ working was as _____ (Designation) BPM/ABPM/Dak Sewak.

Sir/Madam,

With due respect, I am to state that my father/mother /husband /brother/Son Late Sh/Smt. _____ was working as _____ at _____ in (office) had expired on _____.

2. I am submitting the following documents and applying for engagement on compassionate grounds: -

- (a) Application form
- (b) Self attested Photo copy of Death Certificate.
- (c) Self attested copy of two identity proof.
- (d) Self attested No Objection Certificate from other dependent family members.
- (e) Self-attested photocopies of documentary proof of date of birth and Educational Qualifications, caste certificate etc.
- (f) Declarations from the applicant i.e. Declarations for Use of handheld devices, Knowledge of riding two wheeler, Other sources of income, Not getting involved with other agency, declaration in case of earning member.
- (g) Any other relevant documents.

Encls: As stated.

Yours faithfully

Signature of the applicant

Name of the applicant _____

(in capital Letters)

Postal Address:

**FORM FOR SEEKING COMPASSTONATE ENGAGEMENT BY DEPENDENTS OF
DECEASED GRAMIN DAK SEVAKS**

1.	Details of applicant	
a	Name	
b	Date of birth	
c	Age as on the date of application (completed years)	
d	Whether belonging to SC/ST/OBC/EWS/PWD	
e	Educational Qualification	
f	Whether any dependent family member has been engaged in Department in any capacity on compassionate grounds	
g	Marital Status	
h	Whether residing with the family of the deceased GDS	
2.	Details of deceased Gramin Dak Sevak	
a	Name	
b	Post	
c	Office	
d	Date of death	
e	Age at the time of death	
f	Date of joining service as Gramin Dak Sevak	
g	No. of completed years of service at the time of death	
h	No. of years left for normal discharge as on the date of death	

3. Details of dependents: -

Name (s)	Relationship	Date of Birth	Address	Employed or not	If employed than income per month	Details of Employment
(1)	(2)	(3)	(4)	(5)	(6)	(7)

Signature of the applicant _____

Name of the applicant _____

Postal Address: _____