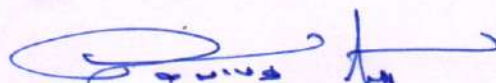


**APPLICATION FOR EMPLOYMENT OF DEPENDENTS OF GOVERNMENT
SERVANTS DIED WHILE IN SERVICE /RETIRED ON MEDICAL GROUND**

PART A (For Applicant)

I	(a)	Name of the Government Servant (deceased/ retired on medical grounds)			
	(b)	Designation (cadre) of the Government Servant			
	(c)	Date of birth of the Government Servant			
	(d)	Date of death or retirement on medical grounds			
	(e)	Total length of service rendered (In completed Years and Months)			
	(f)	Whether permanent or temporary			
	(g)	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)	Educational qualifications			
	(e)	Whether any other dependent family member has been appointed or applied for appointment on compassionate grounds vice the govt. servant named in Part I(a) above			
III	(i)	Basic Family Pension/Pension/Monthly amount received under NPS			
		Lump sum amount received by the family on death/ retirement on medical grounds of the Government servant			
	(ii)	DCRG			
		CGEGIS			
		GPF			
		Lump sum amount received under NPS			
		Leave Encashment			
	(iii)	Any other payment			
		Monthly Income of earning member(s) of family, if any			
	(iv)	Income from Property			
Immovable/movable Property including fixed deposit/bank deposits/investment etc excluding the Lump sum amount as mentioned in (ii) above.					
IV	Brief particulars of liabilities, if any				
V	Particulars of dependent family members of the Government servant (if some are employed their income and whether they are living together or separately)				
Sl.No	Name	Relationship with the Govt. Servant	Age (as on date of death of the Govt. Servant) in completed Years & Months	Address	Employed or not (if employed particular of employment and average monthly income)
1					
2					
VI	Whether any of the dependent family members are Persons with Disabilities (PwD) and with chronic diseases. If yes, then Medical Certificate from Chief Medical Officer of a Government Hospital should be attached.				

Signature of applicant



VI DECLARATION/UNDERTAKING

1. I hereby declare that the facts given by me above are correct. If any of the facts herein mentioned are found to be incorrect or false at any point, my application may be rejected or my services will be terminated, if appointed.

2. I hereby also declare that I shall properly maintain other family members who were dependent on the government servant mentioned against I(a) of Part-A of this form and in case it is proved at any time that the said family member(s) is being neglected or not being properly maintained by me, my appointment will be terminated, if my appointment is made.

Date:

Signature of the applicant

Name: _____

Present Address: _____

Permanent Address: _____

Email ID: _____

Mobile No. _____

It is certified that Shri/Smt/Kum _____ is known to me and he/she has signed in my presence.

Date:

Signature of permanent Government servant (witness)

Name: _____

Designation: _____

Office Address: _____

Mobile No. _____

Verification by IP/ASP

Verified the details and found correct.

Sign of Sub Divisional Head

Name:.....

Date:.....

Office Seal:.....



PART B

It is certified that details given in Part A have been verified and found correct. The case is recommended to be considered for appointment under compassionate grounds by CRC.

Date:

(Sign of Divisional Head/
Head of sponsoring Office)

Name:.....

Designation:.....

Office Stamp:.....

