

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

APPLICATION FORM

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 birth of the Government Servant _____

(e) Date of death/retirement on medical
Grounds _____

(f) Total Length of service rendered _____

(g) Whether permanent or temporary _____

(h) 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 on
compassionate grounds. _____

III. Particulars of total assets left including
Amount of :-

(a) Family Pension _____

(b) D.C.R. Gratuity _____

(c) G.P.F. Balance _____

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(d) Life Insurance policies
(including Postal Life Insurance) _____

(e) Movable and Immovable properties
and annual income earned therefrom
by the family. _____

(f) C.G.E. Insurance amount _____

(g) Encashment of leave _____

(h) Any other assets _____

Total : _____

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 or separate.

S.No.	Name	Relationship With the Government servant	Age	Address	Employed or not (if employed particulars	of
						And emoluments

- 1.
- 2.
- 3.
- 4.
- 5.

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VI.

DECLARATION/ UNDERTAKING

1. 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.

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 mentioned against I(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.

Date:

Signature of the Candidate

Name : _____

Address: _____

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

Date:

Signature of permanent Govt.Servant

Name : _____

Address: _____

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

Date:

Signature of the Admin Officer

Name: _____

Address: _____

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AFFIDAVIT

(TO BE SUBMITTED ON NON JUDICIAL PAPER WORTH RS 2)

I, _____ Son/Daughter/Wife
of late Shri/Smt. _____; resident _____ of _____

do hereby solemnly affirm and declare as under:-

That the information provided in the proforma date _____
regarding employment on compassionate grounds is actually correct and nothing
has been concealed.

That I fully understand that in the event of information provided by me
proves to be incorrect, my services, if I am employed on compassionate ground, are
liable to be terminated.

I also hereby undertake to look after the family and the dependents of the
deceased in case of my employment on compassionate grounds.

VERIFICATION

I, _____ Son/Daughter/Wife
of Late Shri/Smt _____ do
hereby verify that the contents of the above affidavit are correct to the best of my
knowledge and nothing has been concealed.

Verified on this day of _____.

DEPONENT

* Strike out which is not applicable.

NOTE: The affidavit should be attested by a judicial authority.