

**FORM FOR SEEKING COMPASSIONATE APPOINTMENT BY DEPENDENTS OF GOVERNMENT SERVANTS
DECEASED WHILE IN SERVICE OR RETIRED ON MEDICAL GROUNDS**

PART-I

A. Particulars of the deceased/retired on invalid pension employee.

- i. Name
- ii. Designation
- iii. Date of birth
- iv. Date of death/retirement on invalid pension
- v. Date of superannuation
- vi. Total length of service rendered
- vii. Whether Permanent or Temporary
- viii. Whether belonging to SC/ST/OBC
- IX. Name of the candidate for appointment
- X. His/her relationship with the government servant
- Xi. Date of Birth
- Xii. Educational qualifications
- Xiii. Whether any other dependent family member has been Appointed on compassionate grounds.

B. Financial Status of the family

Terminal Benefits. Paid to the official who retired on invalidation/to the family of the official who expired in harness.

- (i) Family pension (Basic and DR separately please indicate the latest amount)
- (ii) D.C.R.G.
- (iii) G.P.F. Balances
- (iv) Life insurance Policies (PLI, etc)
- (v) C.G.E.I.S amount
- (vi) Encashment of leave
- (vii) Any other items
- (viii) Total amount of terminal benefits

C. Assets and Other sources of income etc.

- i. Immovable property :
 - a. Agricultural land – Size, income, cultivable or not, income from the land.
 - b. House, (approximate value of the house)
- ii. Movable Property (Fixed deposits etc)
- iii. Annual income from other sources...
- iv. Where does the family live? In own house or rented. Please give details.
(The residential address of the family should be given)

V. Liabilities

Brief details of the liabilities :

- “ Education of minor children
- “ Marriage
- “ Loans – amount taken, proof etc
- “ Others

PART-III

Details of the candidate and recommendations of the CPMG

- (1) Name of the candidate for appointment
- (2) His/Her relationship with the Govt. servant
- (3) (a) Educational qualifications, (b) Age (date of Birth) and (c) experience, if any.
- (4) Post for which employment is proposed.
Also specify whether it is a Group C or D post
- (5) Whether the post is to be filled in Central Secretariat Clerical Service (CSCS) or not.
- (6) Whether the relevant Recruitment Rules Provide for direct recruitment.
- (7) Whether the candidate fulfils the recruitments Of the Recruitment Rules for the post.
- (8) Apart from waiver or Employment Exchange/ SSC procedure what other relaxation are to be given.
- (9) Whether the facts mentioned at Part-I have been verified by the office and is so, indicate the records.
- (10) If the Govt. servant died/retired on invalid Pension more than five years back reasons for Not sponsoring the case earlier.
- (11) Recommendations of the Head of the Division
- (12) Signature of the Head of the Division and seal (with date)

Personal recommendations of the Head of the Circle

(please give categoric recommendation and also the reasons for the recommendation)

Signature of the Head of the Circle
(affix seal)

Date :

Additional check list with allocation of points

(As per points allocated by the Directorate, vide letter no. 37-36/2004-SPB-1/C dated 20-01-2010)

- (A) Divisional office file no. :
(B) Name & designation of the deceased / retired on medical grounds:-
(C) Name of the applicant & relation with deceased/retiree:-

(Allocation of points)

Sl no.	Various Attributes	Maximum Points allocated	Details of each attribute in the case	Points admissible in the case
1	2	3	4	5
(a)	Family Pension (Basic excluding DA & allowances)	20	Amount of Family Pension in Rs.....	
(b)	Terminal benefits (DCRG, GPF, CGEGIS, Leave encashment & Pension commutation)	10	Total amount of Terminal benefits- Rs.....	
(c)	Monthly income of earning members & income from property	5	Total Monthly income Rs.....	
(d)	Moveable/Immoveable property	10	Moveable/Immoveable property assessed for Rs.....	
(e)	Number of dependents	15	Actual number of dependents	
(f)	Number of unmarried daughters	15	Actual number of unmarried daughters	
(g)	Number of minor children	15	Actual number of minor children	
(h)	Left over service	10	Service left over in Years.....Months.....days.....	
	Total	100		
	Additional points (as grace points) if widow is an applicant	15	

Total points admissible.....

Signature of the Divisional/Unit Head with Seal

ANNEXURE
FORM FOR SEEKING COMPASSIONATE APPOINTMENT BY DEPENDENTS OF GOVERNMENT SERVANTS
DECEASED WHILE IN SERVICE OR RETIRED ON MEDICAL GROUNDS

Part-A

- I. (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 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 Qualification
- (e) Whether any other dependent family member
 Has been appointed on compassionate grounds
- III. Particulars of total assets left including amount of
- Family Pension
- (b) D.C.R.Gratuity
- (c) G.P.F.
- (d) Life Insurance Policies (including Postal Life Insurance)
- (e) Moveable and Immovable properties & annual income
 earned there from by the family.
- (f) C.G.E. Insurance amount
- (g) Encashment of leave
- (h) Any other assets
- Total**
- IV. Brief particular of liabilities, if any.
- V. Particulars of all dependent family members of
- the Government servant(if Some are employed, theirin
 come and whether they are living together or separately

S. No.	Name(s)	Relationship with Govt. servant	Age	Address	Employed or not if employed particulars of employment and emoluments
1					
2					
3					

VI. Declaration/Undertaking

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. 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.

Date:

Signature of the candidate
 Name.....
 Address.....

Shri/Smt./Km.....is known to an the facts mentioned
by him/her are correct.

Signature of permanent
Government servant

Name:.....

Address:.....

.....

Date:

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

Signature of permanent
Government servant

Name:.....

Address:.....

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Date: