

Affidavit

I, _____, son/daughter/widow of Shri/Smt. _____
(deceased Govt. servant), Resident of _____
_____ have made an application for grant of
appointment on compassionate grounds to a dependent family member of Govt. servant (dying in harness)
or who is retired on medical grounds, vide my application dated _____.

I hereby solemnly affirm and declare as follows:

1. That, I am one of the dependent family members of the deceased Govt. servant Shri/ Smt. _____ and other adult dependent family members, whose details are given below have given consent that I may be considered for grant of appointment under the compassionate category.
2. That, the details of all the dependent family members of the deceased Govt. servant Shri/Smt. _____ are as follows **(including the applicant)**:

(Note: In case of married dependent daughters is such applicant, details of the marital family i.e. husband/children along with present address/occupation should also be provided).

Sl. No	Name & address of the dependent family member	Relationship with deceased	Sex	Date of birth/age	Marital Status	Whether employed, if yes, the details, whether in Govt./ Pvt./Regular/Temporary/Daily wages	Monthly income/earnings from all sources including employment, business, rental income, etc.
		Total monthly income of the family (including applicant)					

3. I hereby declare that annual income/earnings from all the sources including employment, business, rental income, etc. of the above-mentioned dependent family members are under: -

Sr. No.	Name & address of the dependent family member	Relationship with deceased	Whether employed, if yes, the details, whether in Govt./ Pvt./Regular/ Temporary/Daily wages	Annual income/earnings from all sources including employment, business, rental income, etc. for Financial Years.	
				FY2021-22	FY 2022-23

4. I also hereby declare that out of the dependent family members stated in para 2 above, the following

are the unmarried daughters of the deceased Govt. servant Shri/Smt. _____

Sl. No.	Name	Date of birth/age	Educational Qualification	Occupation

5. That, the details of movable/ immovable property, either in the name of deceased Govt. servant Shri/ Smt. _____ or myself or any other dependent family member of the deceased are as follows:

- (i) No. of 2-wheeler vehicles (Scooters Motorcycle etc.)
- (ii) No. of 4 - wheeler vehicles (car/jeep etc.)
- (iii) Details of the residential property:

Location & details	Plot area (in sq. ft)	Built up area (in sq. ft.)	Whether used for self-occupation or rented out	If rented out, the monthly rental income

(iv) Agricultural land:

Location & details	Area (in acres)	Monthly income, if any, from agricultural land

(v) Commercial property:

Location & details	Area (in sq. ft)	Monthly income from commercial property, if any

(vi) Others, if any (Details of jewelry, insurance policies, the annual premia, shares, securities and debentures):

6. That, the following are the details of liabilities in the name of deceased Govt. servant Shri/ Smt. _____ and/ or dependent members of the deceased Govt. servant (bank loans/Govt. loan/ loans from other reputed lending agencies to be given, but excluding private/ family loans which are non-verifiable, **as on the date of death of Govt. servant**):

Sr. No.	Nature of loan	Amount (as on date of death of deceased)	Copies of documents enclosed in support of the claim
(i)	Bank loans payable		
(ii)	Govt. loans payable		
(iii)	Loans from other Lending agencies payable		
(iv)	Other tangible liabilities verifiable as per documents / specify)		
	Total		
(Please enclose relevant documents/certificates from the banks/ lending institutions)			

7. I hereby also declare and undertake that on getting appointment under the compassionate category, I will support the other dependents/family members of the deceased Shri/ Smt. _____, including minor children and unmarried daughters.

(Applicant)
Deponent

Verification: Verified at ___, this ___ day _____ that the contents of the Affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed therein.

(Applicant)
Deponent