Annexure- II

FORM FOR SEEKING COMPASSIONATE APOINTMENT BY DEPENDENTS OF COUNCIL EMPLOYEE DECEASED WHILE IN SERVICE/ RETIRED ON MEDICAL GROUNDS.

PART-A

I.	(a)	Name of the council employee (Deceased/Retired on medical grounds)	
	(b)	Designation of the Council employee	
	(c)	Whether he/she was MTS (erstwhile Group 'D')	
	(d)	Date of joining of the Council employee	
	(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 council employee	
	(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 amounts of		
	(a)	Family Pension	
	(b)	D.C.R Gratuity	
	(c)	G.P.F. Balance	
	(d)	Life Insurance Policies (including Postal Life Insurance)	
	(e)	Movable and Immovable properties and annual income earned therefrom by 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 Council employee (if some are employed, their income and whether they are living together or separately)					
Sl. No.	**Name(s)**	**Relation Ship with Council employee**	**Age**	**Address**	**Employed or not (if employed, particulars of employment and emoluments)**	**Marital Status**
(1)	**(2)**	**(3)**	**(4)**	**(5)**	**(6)**	**(7)**
1						
2						
3						
4						
5						

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: _____

_____

_____

PART-B

(TO BE FILLED IN BY OFFICE IN WHICH EMPLOYMENT IS PROPOSED)

a) Name of the candidate _____

b) His/ Her relationship with the Council employee _____

c) Age (Date of Birth), educational Qualifications and experience, if any_____

d) Post (Group C) for which employment is proposed_____

e) Whether there is vacancy within the ceiling of 5 % prescribed under the scheme of Compassionate Appointment._____

f) Whether the post to be filled in the Clerical Services or not _____

g) Whether the relevant Recruitment Rules provide for direct recruitment_____

h) Whether the candidate fulfils requirements of the Recruitment Rules for the post _____

i) Apart from wavier of Employment Exchange/Staff Selection commission procedure what other relaxation are to be given._____

I) Whether the facts mentioned in Part-A have been verified by the office and if so, indicate the records _____

II) If the Council employee died/retired on medical grounds more than 5 years' back why the case was not sponsored earlier._____

III) Personal recommendation of the Head of _____ the Department (with his signature and office stamp/seal)