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
(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 Earned
therefrom by the family .............................................................................................
(f) C.G.E. Insurance Amount ......................................................................................
(g) Encashment of leave ............................................................................................
(h) Any other Assets ..................................................................................................

IV Brief Particular 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 separately)

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Name(s)</th>
<th>Relationship with Govt. servant</th>
<th>Age</th>
<th>Address</th>
<th>Employed or not, (if employed particulars of employment and emoluments)</th>
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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 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..........................