

**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						

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)