

15

ANNEXURE

PROFORMA REGARDING EMPLOYMENT OF DEPENDENTS OF GOVERNMENT SERVANTS DYING WHILE IN SERVICE/RETIRED ON INVALID PENSION

PART - A

- (a) Name of the Government servant (Deceased/retired on medical grounds): _____
- (b) Designation of the Government servant. _____
- (c) Whether it is 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. _____
- a) Name of the candidate for appointment. _____
- b) His/Her relationship with the Government servant. _____
- c) Date of birth. _____
- d) Educational Qualifications. _____
- e) Whether any other dependent family member has been appointed on compassionate appointment. _____

Particulars of total assets left including amount of:-

- (a) Family pension _____
- (b) D.O.R. Gratuity _____
- (c) G.P.F. Balance _____
- (d) Life Insurance Policies (including Postal Life Insurance) _____
- (e) Moveable and immovable properties and annual income earned therefrom by the family. _____
- (f) C.B.E. Insurance amount _____
- (g) Encashment of leave _____
- (h) Any other assets _____
- Total _____

Brief particulars of liabilities, if any _____

.....15/-

(17)

Particulars of all dependent family members of the Government servant (if some are employed, their income and whether they are living together or separately)

S.No.	Name(s)	Relationship with the Government servant	Age/ DOB	Address	Employed or not (if employed particulars of employment and emoluments)
(1)	(2)	(3)	(4)	(5)	(6)

- 1.
- 2.
- 3.
- 4.
- 5.

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:- _____

(18)

'Shri/Bmt./Kum. _____ is known to me
and the facts mention by him /her are correct.

Date: _____

Signature of permanent
Government servant

Name: _____

Address: _____

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

Date: _____

Signature of the Welfare
Officer

Name: _____

Address: _____

(19)

PART - B

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

- I. (a) Name of the candidate for appointment. _____
- (b) His/Her relationship with the Government servant. _____
- (c) Age (date of birth), educational qualifications and experience, if any. _____
- (d) Post for which employment is proposed and whether it is Group 'C' or 'D.' _____
- (e) Whether there is vacancy in that post within the ceiling of 5% prescribed under the scheme of compassionate appointment. _____
- (f) Whether the post to be filled is included in the Central Secretariat Clerical Service or not. _____
- (g) Whether the relevant Recruitment Rules provide for direct recruitment. _____
- (h) Whether the candidate fulfils the requirements of the Recruitment Rules for the post. _____
- (i) Apart from waiver of Employment Exchange/Staff Selection Commission procedure what other relaxations are to be given. _____
- II. Whether the facts mentioned in Part-A have been verified by the office and if so, indicate the records. _____
- III. If the Government servant died/retired on medical grounds more than 5 years back, why the case was not sponsored earlier. _____
- > Personal recommendation of the Head of the Department in the Ministry/Department/Office. (With his signatures and office stamp/seal). _____

अनुकम्पा के आधार पर नौकरी की मांग के संदर्भ में उम्मीदवार द्वारा घोषणापत्र

मैं ----- पत्नी / पुत्र / पुत्री स्व० श्री
----- का / की हूँ जो दूरसंचार विभाग में
----- के पद पर कार्य कर रहे थे मैंने अनुकम्पा के आधार पर ग्रुप " सी "
/ ग्रुप " डी " में नियुक्ति हेतु आवेदन किया है ।

यदि मेरी अनुकम्पा के आधार पर सामान्य भर्ती नियमों से रियायत के आधार पर नियुक्ति होती है तो मैं राजस्थान में कहीं भी सेवा करने को उत्पर हूँ ।

दिनांक : -

नौकरी छोड़ने वाले उम्मीदवार के हस्ताक्षर
नाम
मुक्तक का नाम
मुक्तक से संबंध
पूर्ण पता

म श्री/ श्री मरि पुत्र/पुत्री/पति
श्री निवारी
का/पी रहने वाला/ वाली है, मैं सपने पूर्व घोषणा करता/करती हूँ कि :-

1. यह है कि मेरे पिता/पति श्री
पूर्व वायातप
में कार्य करते थे उनका स्वर्गवास अम भवाम्बुत्त दिनांक को
हो गया था ।

2. यह है कि यदि उनके स्थान पर मेरे पुत्र/भाई/बहन श्री/श्री
को विभाग में नियुक्ति दी जाती है तो मुझे कोई
बाधित नहीं है ।

दिनांक:- ए० रामध कर्ता

मैं सपने बयान करता / करती हूँ कि मेरा उपरोक्त बयान मेरी
निज जानकारी और विश्वास के अनुसार सही है कोई तथ्य छुपाया नहीं गया है ।

दिनांक:- ए० रामध कर्ता

मैं श्री / श्रीमति : १९० ----- पुरु / पृथ्वी / पति वत्स

सेवानिवृत्त / १९०० श्री ----- निवासी

----- का / श्री हूँ। मैं हल्क से निम्न बयान पाना / कराती हूँ।

1. मैं हल्क से बयान करता / करती हूँ कि मेरे पिता / पति श्री -----

श्री कि दूरसंचार विभाग कार्यालय ----- के बयानस्थ

----- के पद पर कार्यरत थे, दिनांक ----- को वत्स

सेवानिवृत्त / उद्योगवास हो गया था।

2. मैं हल्क से बयान करता / करती हूँ कि यदि मुझे मेरे पिता / पति के बयान पर विभाग

दक्षिणा के बाधार पर नियुक्ति देता है तो मैं मेरे पिता / पति द्वारा अपने पिछे छोड़े

गये बाधियों का जीवन पर्याप्त भरण पोषण करेगा / करूँगी।

हस्ताक्षर

नोटेरी द्वारा सत्यापित :-

मैं सक्षम बयान करता / करती हूँ कि मेरा उपरोक्त बयान मेरी निजी
जानकारी और विश्वास के अनुसार सही है कोई तथ्य छिपाया नहीं गया है।

दिनांक-----

हस्ताक्षर

"COMMENTS ON FOLLOWING POINTS ENSURED WHILE PREPARING THE DETAILED VISIT REPORT BY A VISITING OFFICER NOT BELOW SDE/AD/WO LEVEL"

1. Immovable Property:

- (a) Land: Cultivable Area Probable cost
(Mode of cultivation such as by own well/Tube well/pump set etc.
Non Cultivable Area Probable cost

Building/House/Shop/Plot

Carpet area/Constructed area/No. of rooms & Size
Single floor/Flat/Multistory
Present Market cost of the house
Interior decoration/Furniture/Luxuries items such as,
T.V., Fridge, Video-Audio Music system, Air conditioner, washing machine,
computer etc.

2. Movable Property:

- (a) Two wheelers Make Modal
(b) Four wheelers Make Modal

(c) Ornaments

3. (a) Details of family pension

(b) Other benefits received

4. Size of the family & status:

S.No	Name of the family member	Relation	Age (DOB)	Marital status	Education	Occupation	Remarks

5. Source of income of the family from land/cultivable/shop/any family member already in service.
6. In case the family is living in rented house, the address where staying alongwith & copy of rent receipt may be obtained;
7. Electricity bill Last received (amount)
8. Telephone bill Last received (amount)
9. Mobile bill Last received (amount)
In case of Pre-paid cell connection, cell Nos. may be mentioned.
10. Liabilities: Education/Marriage etc.
11. Financial status and living style of the family:
Very good/good/average/poor/very poor/indigent.
12. Any other points felt necessary.
13. Any supporting documents such as Bank statement/Patwari report/Tehsildar report/Sarpanch report etc. if any.
14. Recommendations

Place
Date

Signature of the W.O./Visiting Officer
Name & Designation

Office seal