

**PROFORMA REGARDING EMPLOYMENT OF DEPENDENTS OF
GOVERNMENT SERVANTS DIED WHILE IN SERVICE/ RETIRED ON
MEDICAL GROUNDS**

Photo
attested by
Department

PART- A

- I.**
- (a) Name of the Government servant
(deceased/retired on medical grounds) _____
 - (b) Post held by the Government servant _____
 - (c) Date of birth of deceased/retired on
medical grounds _____
 - (d) Date of superannuation of deceased/
retired on medical grounds _____
 - (e) Date of death / retirement on medical
grounds _____
 - (f) Date of initial appointment in
Government service in respect of
deceased/ retired on medical grounds _____
 - (g) Total length of service rendered. _____
 - (h) Whether permanent or temporary. _____
 - (i) Whether belonging to SC/ST/OBC. _____
- II.**
- (a) Name of the candidate for appointment. _____
 - (b) His/Her relationship with the
Government servant. _____
 - (c) Marital status of the applicant _____
 - (d) Date of birth. _____
 - (e) Educational qualifications.
General _____
Technical _____

(f) Whether any other dependent family member has been appointed on compassionate grounds. _____

(g) Whether Physically Challenged _____

(h) Contact No. _____

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) C.G.E. Insurance amount _____

(f) Encashment of leave _____

(g) Income from other sources, if any _____

Total _____

IV. (a) Movable and immovable properties/ agricultural land, etc., in the name of the deceased Government servant or any member of family in Puducherry or outside Puducherry

(b) If yes, annual income earned and details thereof

V. Brief particular of liabilities if any. _____

VI. Residence particular &
Address

Rented/Own House / Government
Accommodation (Enclose proof)

Address _____

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

Sl. No.	Name(s)	Relation- ship with Govt. servant	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.						

VIII

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 and I would be prosecuted under section 177,193,197,198,199 & 200 of IPC
2. I hereby also declare that I shall maintain properly the other family members who were dependent on the Government servant/ 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: _____

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

Date:

Signature of the Head of Office /
Welfare Officer with office stamp/seal

Name :

Designation :

Enclosures:

- a) Application form. (all columns duly filled including date of application)
- b) Death Certificate of the Deceased Government Servant.
- c) Birth Certificate of the applicant.
- d) Transfer Certificate of the class last studied.
- e) Attested copies of certificate of Educational Qualification.
- f) Attested copies of certificate of Technical Qualification. (if any)
- g) Attested copies of any other certificate relevant to the post applied for.
- h) Copy of Aadhar card with contact number.
- i) If employed, certificate from the employer in respect of all the members of the family.
- j) Copies of P.P.O., Leave encashment sanction order, Insurance Sanction, order on final payment of G.P.F. etc and details of liabilities with proof, if any.
- k) Details of immovable properties such as land, plot, flat, along with location, R.S. No., measurement, value based on G.L.R. value notified by Government, etc. held by the applicant / members of the family of the deceased.
- l) If residing in rental house, rent receipt (or) a certificate from the house owner

**NOTE : FURNISHING OF WRONG / FALSE INFORMATION / CERTIFICATE IS
PUNISHABLE UNDER SECTION 177,193,197,198,199 & 200 of IPC**

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 (Group C) which employment is proposed _____
 - (e) Whether there is vacancy in that post within the ceiling of 5% prescribed under the scheme of compassionate appointment. _____
 - (f) Whether the relevant Recruitment Rules provide for direct recruitment _____
 - (g) Whether the candidate fulfils the requirements of the Recruitment Rules for the post. _____
 - (i) Apart from waiver of Employment Exchange/procedure what other relaxation 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, reasons for delay in submission of case _____
- IV.** Personal recommendation of the Head of the Department _____

Signature and office stamp/seal

**REPORT TO BE FURNISHED BY REVENUE AUTHORITY FOR THE PURPOSE OF
CONSIDERATION OF AN APPLICANT ON COMPASSIONATE GROUNDS
IN GOVERNMENT DEPARTMENTS**

(Report shall be submitted after a personal visit to the residence of the applicant)

1. Name of the deceased Government Servant :
2. Date of Death :
3. Name of the Applicant :
4. Relationship with the Deceased :
5. Full Address with Contact number :

6. Marital Status of the Applicant :
7. Present Employment status of the Applicant :
(with income)

8. Whether the applicant is staying in joint family :
(A copy of the Ration Card to be enclosed)

9. Details of family members living together:

Sl. No.	Name	Age	Relationship with deceased	Qualification	Marital Status	Employment status with details of earnings
1						
2						
3						
4						
5						

10. Details of family members living separately:

Sl. No.	Name	Age	Relationship with deceased	Qualification	Marital Status	Employment status with details of earnings
1						
2						
3						
4						
5						

11. Details of immovable properties owned by the family members:
(other than the present residential house)

(a)	Area of the land (in sq.ft)	
(b)	Nature of land	
(c)	Value of the land (with reference to GLR value of the year of assessment)	

12. If residing in an own house:

(a)	Area (in sq.ft)	
(b)	Number of Floors	
(c)	Value of the House (with reference to GLR value of land + approximate value of the building)	
(d)	Occupied by how many families	
(e)	Commercial premises, if any	
(f)	Income thereon (d & e)	

13. If residing in a rented house:

(a)	Rend Paid (copy of rent receipt)	
(b)	Area of premises	
(c)	Name & Address of owner	

The above particulars are true and correct.

Signature of the applicant

Signature of Inspecting Officer

Name of the Inspecting Officer :

Designation :

Date of inspection :

Countersignature of the Officer
who is competent to issue Revenue
Certificate with seal