

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

PART A

- I (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 _____
- II (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 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) Moveable and immovable properties and annual income earned there from by the family. _____

(f) C.G.E. Insurance Amount _____

(g) Encashment of Leave _____

(h) Any other assets _____

Total _____

IV Brief particulars of liabilities if any _____

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

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

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 : _____

Shri/Smt./Kum _____
is known to me and the facts mentioned 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 : _____
