PRESCRIBED FORMAT FOR APPLICATION FOR EMPLOYMENT TO ELIGIBLE DEPENDENTS OF - EMPLOYEES DYING WHILE IN SERVICE/MISSING FOR MORE THAN TWO YEARS/MEDICALLY RETIRED EMPLOYEES			
PART-A (INFORMATION ABOUT EMPLOYEE)			
01.	(a)	Name of the deceased/ missing/medically retired Government Employee.	
	(b)	Post Held lastly	
	(c)	Date of birth of the Employee as per service record	
	(d)	Date of Entry in Government Service	
	(e)	Date of death/missing/ retiring on medically grounds supported by authentic document	
	(f)	Total length of service rendered	
	(g)	Whether Regular/Contractual/ Daily Waged employee	
	(h)	Category to which belongs - General/SC/ST/OBC	
PART-B (INFORMATION ABOUT THE APPLICANT)			
02.	(a)	Name of the Applicant for compassionate employment	
	(b)	His/Her Relationship with the employee	
	(c)	Date of birth supported by documentary evidence	
	(d)	Academic educational qualification(s)	
	(e)	Professional/Technical qualification(s)	
	(f)	Proof of identity viz. Voter Id, Aadhar Card etc.	
	(g)	Post for which employment is sought	

PART-C (INFORAMTION ABOUT PENSION & OTHER RETIRAL BENEFITS)			
03.	(a)	Family pension	
	(b)	D.C.R. Gratuity	
	(c)	G.P.F./C.P.F.	
	(d)	Life Insurance/Postal/any other insurance	
	(e)	Moveable and Immoveable Properties & annual income earned therefrom by the family	
	(f)	C.G.E. Insurance Amount	
	(g)	Encashment of leave	
	(h)	Any other assets	
		TOTAL	
04.		Brief particular(s) of liability, if any	

PART-D (PARTICULARS OF ALL THE DEPENDENTS OF THE GOVT. SERVANT (IF SOME ARE EMPLOYED, THEIR INCOME AND WHETHER THEY ARE LIVING TOGETHER OR SEPARATELY)

Sr. No.	Name & age	Relationship with the Government employee	Employed or not particular of the employment and emoluments.
1.			
2.			
3.			
4.			
5.			
6.			

DECLARATION/UNDERTAKING:-

(i) 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/false at future date, my services may be terminated.

(ii) I also undertake to refund the entire amount of loan/advance taken from the Government by my husband/father in the event of employment being provided to me together with the interest on the loan/advance.

(iii) I also undertake that I shall maintain properly, other family members, who were dependent on the deceased or medically retired/missing Government servant and in case it is proved subsequently (at any time) that the family members are being neglected, or are not being maintained properly by me, my appointment may be terminated forthwith.

DATE:
Place:

Signature of the applicant.
Complete Home Address:-

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

Signature of the Head of Office
Name :-
Address:-

Recommendation of the Head of Department.

Signature of the Head of Office
Name :-
Address:-

CHECKLIST FOR EXAMINING/DECIDING PRESENT/PENDING CASE(S) SEEKING EMPLOYMENT ASSISTANCE ON COMPASSIONATE GROUNDS.

1. The dependent of the deceased/medically retired/missing Government employee must apply for job on compassionate grounds on the prescribed format.
2. He/she must have the minimum educational qualification(s)/skills qualification as per the R & P Rules for the post for which he/she has applied.
3. Since, such appointments are to be made against the direct recruitment quota, every Department shall ensure 5% cap on such appointments as provided in the policy.
4. None of the family member of the deceased/medically retired/missing should be either in Government service or in defence or Para Military Forces or in employment of Autonomous Bodies/Boards/Corporations etc., of the State/Central Government or any type of other Government Job(s).
5. No objections Certificate(s) are required to be obtained from the other members of the family in favour of the applicant who applies for job on compassionate grounds;
6. The income of the family of the deceased Government servant shall be reckoned with specific reference to income from all sources [including income from immovable and movable properties], number of the dependents especially unmarried daughters, aged parents etc. as per the enclosed format. [It may however, be noted that the information on said format is to be supplied/declared by the applicant concerned and duly verified by the competent authority. Only accurate information be given. In case of any false information is detected later on, a case under Criminal Law, should be registered against him by the Department concerned.]
7. Besides, legal heirs certificate, non-employment certificate, death certificate of the deceased, character certificate in respect of the applicant, bonafide Himachali certificate are also needed.

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STATEMENT OF INCOME FROM ALL SOURCE(S) INCLUDING FAMILY PENSION IN RESPECT OF THE FAMILY OF THE DECEASED EMPLOYEES(S) ON THE DATE OF SUBMISSION OF APPLICATION FOR COMPASSIONATE EMPLOYMENT.

SR. NO.	SOURCE(S) INCOME	ANNUAL INCOME	REMARK(S) IF ANY
01.	INCOME FROM PENSION (PPO NUMBER, NAME OF DTO & DRAWING BANK BE MENTIONED WHERE APPLICABLE)		
02.	AGRICULTURAL INCOME		
03.	INCOME FROM RENT		
04.	INCOME FROM BUSINESS		
05.	INCOME FROM INTEREST		
06.	INCOME FROM OTHER SOURCES		
	TOTAL ANNUAL INCOME		