

PROFORMA.

SOUTH CENTRAL RAILWAY.

PRIORITY NO.

APPOINTMENT ON COMPASSIONATE GROUNDS

1. SERVICE PARTICULARS OF THE EMPLOYEE

- i. Name :
  - ii. Designation :
  - iii. Grade :
  - iv. Rate of pay :
  - v. Date of birth :
  - vi. Date of appointment :
  - vii. Date of death/medically unfit/medically  
Decategorisation/Date of missing :
  - viii. Cause of death/reason for Medically unfit/  
medically decategorisation :
  - ix. Period of sickness in case of medical  
Decategorisation/Medical unfit :
  - x. Age at the time of death/Medical  
Decategorisation Medical unfit :
  - xi. No. of Years of Service :
  - xii. Details of alternative employment offered :
  - xiii. Reasons if any for not accepting the  
alternative employment :
  - xiv. Employments viz. Basic pay DA, CA, HRA : ) B.P  
the employee was drawing before ) D.A  
decategorisation and also of the ) H.R.A  
post now offered to the employee ) C.A  
 ) Others
- B.P  
D.A  
H.R.A  
C.A  
Others
- xv. a) If case falls under Rly. Bd's letter No.E(NG)11084/GL/28 :  
Of 4.5.84 state the compensation paid to the family under  
W.C.A.
  - b) If case falls under Rly. Bd's lt.no.E(NG)11/84/CL/28, :  
dt.31.12.86, specify reasons constituting extreme  
hardship meriting spl. consideration

- 2 (a) Settlement dues paid: :
- i. P.F. :
  - ii. DCRG. :
  - iii. C.G.I.S. :
  - iv. Deposit linked Insurance. :
  - v. Encashment of Leave due :
  - vi. Compensation in regard to : WCA :
  - vii. Others :
- b) Pension/Family pension sanctioned & relief :
- c) Present financial status of the Family indicating land, immovable and movable property (with details) if any and details of any other source of income. :

S. No	NAME	Relationship with the employee	Age at the time of death M.U, M/D of the employee	Material status indicating date of marriage	Educational qualifications	Whether employed if any give details
1.						
2.						
3.						

4. Particulars of the Candidate who is recommended for appointment on compassionate grounds.

- i. Name :
- ii. Date of Birth :
- iii. Educational Qualification :
- iv. Relationship with the deceased/ M.U/M.D employee.
- v. Post & Grade for which the Candidate is found suitable by the screening committee & proposed to be considered for appointment. :
- vi. Whether belongs to SC/ST community :
- vii. Whether vacancy exists for the (V) above. :

- viii. Priority on which the case falls :
  - ix. Date of application of the employee widow/candidate copy must be attached :
  - x. Whether the employee/widow Candidate has applied within 2 years from the date the Candidate attained majority. :
5. Other requirements.
- i. Whether the widow of the Deceased employee has Re-married or otherwise (Enclosed necessary Declaration) :
  - ii. Whether the benefit of compassionate appointment has been given at any time to any other member of the family or a near relative of the deceased employee earlier or otherwise :
  - iii. Special remarks in case widow has already registered her name within the time limit of 5 years for he apptt.but could not be offered job for want of vacancy and now applying for appt. of her son/daughter since attained majority. :
6. Detailed remarks as to the circumstances of the case as to warrant relaxation of the time limit of 5 years to 20 years. :
7. Board's specific reference under which the case is covered. :
8. Whether relaxation of time limit is required if so for how such period. :
9. Whether relaxation in age is required, if so for how much period. :

10. In case of apptt. of blood relation, state if DRM interviewed the widow indicating the date of interview. :

11. Whether the earlier cases or appointments on comp.grounds under this priority have already been offered apptts. if not give specific reasons. :

Signature :

Name :

Designation :

Documents attached are as under: -

1. Copy of WI's Report:
2. Applications of the widow/  
Candidate MU/MD employee.
3. Attested and True copies of  
school leaving certificate  
and Educational Qualification/  
Tech.Qualification Certificate.
4. Photo copy of M/U, M/D  
Certificate.
5. Declaration of the widow about  
the near relative for bread winner.
6. Copy of Affidavit, if warranted.
7. Copy of any other relevant document.

**Personnel Recommendation of the HOD/DRM/Head of Unit.**

Signature :

Name :

Designation :

**APPLICATION FOR APPOINTMENT ON COMPASSIONATE GROUNDS**

- 1. Name of the employee :  
(Deceased/Medically unified)
- 2. Designation and Office :
- 3. Date of Death/MU of the Employee :
- 4. Age of the employee at the time :  
of the above event
- 5. Whether the employee :  
Belongs to SC/ST/OBC
- 6. Name and relationship of the :  
dependent in whose favour the  
appointment is sought
- 7. Family composition :

Sl No.	Name	Relations hip	Age/Date of Birth	Edu.Qua	Occupation

- 8. Whether the applicant or any other members of the family the deceased employees secured appointment on compassionate grounds earlier:
- 9. Whether a certificate from two employees identifying the dependent seeking employment is enclosed

10.Details of dependent in whose favour appointment is sought:

Name & Relationship	
Date of Birth	
Educational Qualifications	
Marital Status	
Personal Identifications Marks	
1.	
2.	
Address for correspondence:	

11.List of enclosures:

1. Death Certificate/Medical Unfitness certificate
2. Service Certificate
3. Identification certificate from Colleagues
4. Family Composition declaration
5. Date of Birth Certificate
6. Educational certificates
7. Bonafides/conduct certificate of the candidate
8. Caste certificate
9. Declaration by the candidate (Annexure)
10. Declaration by the widow

Signature of the widow

Signature of the applicant

Signature of the Welfare Inspector

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

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<u>SL NO</u>	<u>NAME</u>	<u>RELATIONSHIP WITH THE GOVT SERVANT</u>	<u>DOB/AGE</u>	<u>ADDRESS</u>	<u>EMPLOYED OR NOT (IF EMPLOYED PARTICULARS OF EMPLT &amp; EMOLUMENTS)</u>
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II.

**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 have been dependent (details given above) on railway servant 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, further during the period of their dependency 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 Welfare Officer  
Name:  
Address:

**DECLARATION**

I, Smt \_\_\_\_\_ W/o Late \_\_\_\_\_

Do hereby solemnly affirm and declare as follows:

- I. My husband Sri \_\_\_\_\_ while working as \_\_\_\_\_ in the office of \_\_\_\_\_ has expired/medically unfitted on \_\_\_\_\_  
I am the legally wedded wife and the only surviving senior most legal heir of the deceased employee.
  
- II. I have not remarried any one since the demise of husband. I have not been working anywhere in any capacity and thus not earning any livelihood.
  
- III. I submit that my husband not been dismissed, removed or compulsorily retired from Railway service as a measure of penalty.
  
- IV. I further submit that none of my family members has so far been appointed on compassionate grounds in Railways consequent upon the death/medical unfitness of my husband.
  
- V. I have now applied for compassionate appointment to myself/son/daughter named \_\_\_\_\_ and passed \_\_\_\_\_
  
- VI. My husband has not left behind any movable or immovable property. We are residing in own house/rented house on a monthly rent of Rs. \_\_\_\_\_ at \_\_\_\_\_
  
- VII. In the event of my above declaration proved otherwise, I am fully aware of the consequences and am liable to be taken up under D&AR Rules including termination of service without any notice.

Signature of the applicant

Witness:

- |              |   |              |   |
|--------------|---|--------------|---|
| 1. Signature | : | 2. Signature | : |
| Name         | : | Name         | : |
| Designation  | : | Designation  | : |
| Office       | : | Office       | : |



**IDENTIFICATION CERTIFICATE**

Specimen signature

1. Widow                    1. \_\_\_\_\_

   2. \_\_\_\_\_

2. Candidate                1. \_\_\_\_\_

   2. \_\_\_\_\_



joint photo

We, the colleagues of late Shri/Smt. \_\_\_\_\_  
who has worked as \_\_\_\_\_ in the office of \_\_\_\_\_  
do hereby certify that:

1. Sri/Smt \_\_\_\_\_ has expired/medical unfitted on \_\_\_\_\_
2. We know his/her family very intimately for the past \_\_\_\_\_ years.
3. His/her family composition is as follows:

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Name	Relationship	Age/D.O.B
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4. The photograph affixed & signatures appended above are the spouse and /or son of the deceased employee.

1. Signature        :	2.        Signature        :
Name        :	Name        :
Designation    :	Designation    :

**CONTROLLING OFFICER**