

**PROFORMA FOR EMPLOYMENT OF DEPENDENTS OF GOVERNMENT SERVANTS EXPIRED
DURING SERVICE/DECLARED MISSING /INVALIDATED OUT FROM SERVICE ON
INVALIDATION PENSION**

PART - A

1. About the Govt. Servant

- | | | |
|--|---|-------|
| a) F/No. Rank Name | : | _____ |
| b) Unit/Office | : | _____ |
| c) Date of Birth | : | _____ |
| d) Marital Status | : | _____ |
| e) Date of Death/Invalidation | : | _____ |
| f) Whether SC/ST/OBC | : | _____ |
| g) Duration/Length of service rendered | : | _____ |
| h) Whether permanent or temporary | : | _____ |
| i) Next of Kin/Relation | : | _____ |

II. About the applicant

- | | | |
|---|---|-------|
| a) Name | : | _____ |
| b) Relation with Govt. Servant | : | _____ |
| c) Date of Birth | : | _____ |
| d) Educational Qualification | : | _____ |
| e) Marital Status | : | _____ |
| f) Post applied for | : | _____ |
| g) Whether any other family member
appointed on Compassionate grounds: | : | _____ |

III. Financial Status

- | | | |
|---|------------------------|-------|
| a) Family Pension (EOPF/LPA/FP) | : | _____ |
| b) Terminal Dues Paid by CRPF/
Central/State Govt. | : | _____ |
| | GPF | _____ |
| | DLI | _____ |
| | CGEGIS | _____ |
| | DCRG | _____ |
| | Leave Encashment | _____ |
| | Risk Fund | _____ |
| | CWF | _____ |
| | Ex-Gratia (Central) | _____ |
| | Ex-Gratia (Home State) | _____ |
| | Ex-Gratia (Duty State) | _____ |
| c) Payment of Insurance (LIC / PLI) | : | _____ |
| d) Insurance amount on PMSP account | : | _____ |
| | Total | _____ |
| e) Moveable and Immovable Properties and
Annual income earned there from by the
Family. | : | _____ |
| f) Any other property/source of income | : | _____ |

IV. Brief particulars of liabilities, if any. :

- V. Particulars of all dependent family members of the Govt. Servant (if some are earning members, their income and whether such members supporting all dependents of the deceased or living separately).

S/No.	Name	Relation with deceased/invalided out Govt. servant	D.O.B./Age	Address	Employed or not if employed particulars of employment and emoluments

VI.

DECLARATION/UNDERTAKING

1. I hereby declare that the above facts given by me are correct and to the best of my knowledge. In case any of the fact mentioned herein found to be incorrect or false, my service may be terminated.

2. I hereby declare that I shall look-after the other dependent family members of the Govt. Servant, against whom I am being employed on compassionate ground, properly. At any stage it is proved that the dependent family members are being neglected by me, I shall be liable to be terminated.

Date : _____

Place : _____

Signature of the Candidate

Name _____

Address _____

Mobile No. _____

Email ID _____

Note – The provision of getting the declaration furnished by the applicant countersigned by two permanent Government employees has been done away vide G.I. Dept of Per. & Trg., O.M. No.F.No.14014/02/2012-Estt (D) dated 7th October, 2014.

PART-B

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

1. (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 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 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, why the case was not sponsored earlier. _____
- (IV) Recommendation of the GCO/HOO (with his signature and office stamp/seal) _____
- (V) Personal recommendation of the Head of the Department in the Ministry/Department/Office. (with his signature and office stamp/seal) _____

* GCO for attached unit.

** HOO for other offices/unattached unit (RAF/Cobra/Signal/Trg Inst)

DOCUMENTATION REQUIRED TO BE SUBMITTED BY CANDIDATE FOR PROCESSING COMPASSIONATE APPOINTMENT CASES IN RESPECT OF NOK/WHOLLY DEPENDENT MEMBER OF DECEASED/PERSONNEL DIES WHILE IN SERVICE(INCLUDING DEATH BY SUICIDE)/KILLED IN ACTION/MISSING/MEDICALLY BOARDED OUT:-

1. Application form in prescribed performa (i.e. Part-A) should be filled up by candidate while submitting claims to concerned Unit/ Office.
2. Written application for which post the candidate wants to get him enlisted in CRPF on compassionate ground.
3. Undertaking certificate for looking after family members of deceased Govt. Servant after his enlistment in CRPF on Stamp Paper in duplicate.
4. NOC from other eligible dependent family members of deceased Govt Servant in stamp paper.
5. Caste Certificate (for SC/ST/OBC) issued by the competent authority in prescribed format.
6. Three copies of recent photographs (P/P size) duly signed by the candidate on the back side of the photographs.
7. Educational certificates in duplicate.
8. Certificate in support of proof of candidate's date of birth in duplicate.
9. Domicile certificate issued by the competent authority/Tehsildar in duplicate.
10. Movable/Immovable property details/certificate issued by Tehsildar in duplicate.
11. Dependent certificate in respect of applicant as on date of death/invalidation/missing of government servant issued by the competent authority (Revenue Officer/tehsildar) in duplicate.
12. Character certificate in duplicate.
13. Copy of death certificate.
14. Affidavit for marital status of applicant. If married, date of marriage be mentioned.
15. Details of dependent family member (name/age/relation with Govt Servant and occupation/job and their earning, if any).
16. Details of liabilities (education/marriage of children, payment of outstanding loan etc) if any.
17. Whether any member of the family is suffering from serious disease (disabled/cancer/heart disease), if any member suffering for serious disease, copies of medical documents should be enclosed.
18. Reasons of belated request for compassionate appointment if applied after 5 years from the date of death/invalid out of Govt servant and how the family sustained their livelihood.