### **APPLICATION REQUESTING APPOINTMENT ON COMPASSIONATE GROUNDS**

(To be filled in by the widow/widower of the deceased employee)

	1) Particulars of the deceased e	employee	<b>:</b>								
	a) Name of the deceased emplo	yee									
	b) Designation, department& st	ation									
	c) Community										
	d) Date of Birth										
	e) date of appointment										
	f) Date of Death		***************************************								
	g) Age at the time of demise										
	<ul><li>h) Cause of demise</li><li>2) Family Composition and deta</li></ul>	ils of occ	upation	pation							
SI. No	Name	Relati onship	Age at the time of event	Date of Birth	Occupation	Remarks					

Contd- 2

3)	Details of claim for appointment on compassion	onate grounds	
	a)In case of widow apply for appointment for furnish the following details	herself immediately after the	event. Please
	i) Name of the applicant		
	ii) Date of application		
	( Application to be attached)		
	iii) Date of birth		
	iv) Educational Qualification		
	( Proof attached)		
	v) If illiterate original sworn affidavit		
	Should be produced		
b)	If the request is for the ward, following  i) Applicant's Name	ng details to be furnished	
	ii) Date of Birth		
	iii)Educational qualification / Technical		
	Qualification.(proof to be attached)		
	iv) Is willingness taken from elder		These should be
	sons /elder daughters obtained and		attested in case the appointment is sought
	attached	:	for ward other than
	v) Is bread winner certificate is attache	d :	first son/daughter
C)	If the request is for eldest ward who is n	ninor, the following details to	be furnished.
	i) Applicants name		
	ii) Date of first application for appointment		
	his/her favour		
	iii) Date of Birth		

iv) Date of attaining majority v) Date of application submitted after Attaining majority of the first child	
Signature of the applicant	Signature of the widow
No V/P.	Divisional Office Personnel Branch New Delhi Dt.
Date of receipt	
	Sr.Divisional Personnel Officer
Sri/Smt	

## DECLARATION (To be furnished by the candidate only)

I,				.son	of/daug	ghter	of /w	/ife (	of late	е
Shri			hereby de	clare a	ınd state	that I I	have ap	plied	vide m	y
application dated		for a	ppointment	on	compass	sionate	grour	nd in	Group	) –
'C'/Group' D' service	and that	t I confirm	that no ot	her de	ependen	t in th	e fami	ly of t	the sai	d
deceased employee	has so	far been	appointed	in a	iny cap	acity i	n the	Railw	ays o	n
compassionate grou	nds. This	being the	e first appli	cation	, I requ	uest th	at I m	nay ki	ndly b	e
appointed on compa	ssionate gi	rounds.								
I also declare	that the S	chool/colle	ege Certifica	tes pro	oduced b	by me a	ire gen	uine a	nd hav	е
been obtained from	the Scho	ool/College	where I ha	ave st	udied. I	also c	leclare	that	I an u	n
employed and not we	orking any	where.								
I am aware th	nat in case	of my dec	claration bei	ng fou	ınd false	at any	time i	n futu	re, I ar	n
liable to be terminate	ed forthwi	th without	assigning an	y reas	on from	the Ra	ilway s	ervice		
				S	Signature	e: _				
				N	lame:	_				
					Date:	_				
\Million and										
Witness:										
Signature	: _				-					
Name	: _				-					
Desgn & Stn	: _				-					
Signature	: –				-					
Name	: _				-					
Desan&Stn	•									

## CERTIFICATE (Certificate from Gazetted Officer)

I, do hereby declare and certify that I know the	1e
amily of late Shri/Smtyears	. I
ilso certify that Shri/Smt is the wife /husband/son/daughter of lat	te
Shri/Smtwhose photograph affixed duly attested hereunder. To m	ny
nowledge none in the family has been appointed in Railways on compassionate grounds so fa	ır.
The family of (late) Shri/Smtis present	ly
esiding at	

Photograph of the candidate (To be attested by a Gazetted Officer)

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### **CERTIFICATE**

## (TO BE FURNISHED BY THE CANDIDATE OTHER THAN THE WIDOW)

	erstand that I am being considered for appointment in Railways on
•	ate grounds on account of the death of (relationship) late
•	(deceased employee).
1	(Name of the candidate)
	(relationship) of late Shri/Smt(Deceased employee) do
<i>y</i> .	se that I will look after the dependents of the deceased employee and shall act as
fail to do so.	of the family. I am also aware that my service shall be liable to be terminated if I
Place :	Signature of the candidate.
Date:	
Witness	
Name	:
Address	:
Signature	:
Name	:
Address	:

#### ANNEXURE-D

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)

SI.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)
1					
2					
3					
4					
5					

Ш

#### **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.
- 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:
А	ddress:
I have verified that the facts me	entioned above by the candidate are correct
Date:	Signature of the Welfare officer:
	Name:
	Stn.:

# Particulars pertaining to the ward/widow/dependent applied for appointment on compassionate grounds

1) Name						
2)Deceased employee's Name,						
Designation& Station						
3) Date of death						
4) Relationship to the deceased						
5) Age & date of Birth						
7) Whether Group of post applied						
for is Gr.'C' or Gr.'D'						
8) Community & Cast						
9) Present postal address						
10) signature of the applicant						
Witness						
Name Design	n/Station Signature					
1						
2						
3						

Latest passport size photo is to be affixed and attested

## **IDENTIFICATION CERTIFICATE**

This	is	to	certi	fy	that	Shri/Smt	t/Km.					
Son/I	Daug	hter/	/Wife	of	(late)Sh	nri/Smt				a	resident	of
												is
know	n to	me.	She/F	le ha	as applie	d for appo	ointme	ent or	n com	passio	nate Groui	nds
in Gr	.′C′/′	D' pc	st in .			Railw	vay			Divisio	on. The ph	oto
affixe	ed by	the	party	duly	attested	d by me. H	lis spe	cime	n sign	ature	was obtair	ned
befor	e me	€.										
Sp	ecim	nen S	ignatu	ire o	f the app	olicant:						

Attested (By Gazetted Officer)