

**PROFORMA REGARDING EMPLOYMENT OF DEPENDENTS OF
GOVERNMENT SERVANTS DYING WHILE 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) Date of initial appointment in Govt. service
in deceased/retired govt. servant. _____
- (g) Total length of service tendered. _____
- (h) Whether permanent or temporary. _____
- (i) 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) Movable and immovable properties and
annual income earned there from by the
family. _____
 - (f) C.G.E., G.I.S. insurance amount & Saving
amount _____
 - (g) Encashment of leave _____
 - (h) Any other assets _____
- Total _____

IV. Brief particulars of liabilities, if any. _____

V. Particulars of all dependent family members of the Government servant (if some are employed, their income and 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)
1.					
2.					
3.					
4.					
5.					

VI. **DECLARATION/UNDERTAKING**

1. I hereby declare that the facts given by me above are, to be 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 the candidate are correct.

Date:

Signature of the Welfare
Officer

Name: _____

Address: _____