

## ANNEXURE-I

### **PROFORMA REGARDING EMPLOYMENT OF DEPENDENTS OF GOVERNMENT SERVANTS WHO DIE WHILE IN SERVICE/RETIRED ON INVALID PENSION.**

#### PART – A

- I.
  - (a) Name of the Government Servant (Deceased)
  - (b) Designation of the Government servant
  - (c) Whether is Group 'D' or not.
  - (d) Date of Birth of the Government Servant.
  - (e) Date of death.
  - (f) Total length of service rendered.
  - (g) Whether permanent or temporary.
  - (h) 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) Education 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) Moveable and immovable properties and annual income earned therefrom by the family.
  - (f) C.G.E. Insurance amount.
  - (g) Encashment of leave.
  - (h) An any other assets.
  
- IV. Brief particulars of liability, if any.

V. Particulars of all dependent family members of Govt. servant (if some are employed, their income and whether they are living together or separately.)

Sr. 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**

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 were dependent on the Government servant/members of the Armed Forces mentioned against I(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.

**Dated:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of the candidate**

**Name** -

**Address** :-

Sh./Smt./Km. \_\_\_\_\_ is known to me and the facts mentioned by him/her are correct.

**Dated:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Permanent Govt. Servant**

**Name** -

**Address** :-

I have verified that the facts mentioned above by the candidate are correct

**Dated:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Officer In-charge.**

**Name** -

**Address** :-