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

PART - A

	1.	Ab	out the Govt. Serv	vant		4.4.
		a)	F/No. Rank Nan	10		
		b)	Unit/Office			
		c)	Date of Birth			
		d)	Marital Status		· -	
		e)	Date of Death/I	nyalidation	: -	
		f)	Whether SC/ST		: -	
		g)		h of service rendered		
		h)		nent or temporary	:	
		_ i)	Next of Kin/Rela			
		- 1)	Next of Killy Kell	ation		
II.		About	the applicant			
		a)	Name		:	
		b)	Relation with Go	ovt. Servant	:	
		c)	Date of Birth		:	
		d)	Educational Qua	lification	:	
		e)	Marital Status		:	
		f)	Post applied for			
		g)		ner family member		
			appointed on Co	mpassionate grounds	:	
III.		Financ	ial Status			
	a)	사는 항상 이용한 그는 이번 이상을 보고 있었다면 하나는 이번 사람이 없었다.		LPA/FP)	:	
	b)	Termin	nal Dues Paid by (CRPF/ GPF		
	0)		l/State Govt.	DLI		
		Centra	i/State dove.	CGEGIS	: -	
				DCRG		
				Leave Encashment		
				Risk Fund	: -	
				CWF		
(Ex-Gratia (Central)		
			Fv	-Gratia (Home State)		
				Ex-Gratia (Duty State)		
	c)	Parma				
	d)					
	u)	moura	nce amount on Fi	Total		
	e)) Moveable and Immovable Properties and Annual income earned there from by the				
	:076					
		Family		•	:	
	f)	Any ot	her property/sou	arce of income		
IV.		Brief p	articulars of liabi	lities, 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
	e = 11	Julian			
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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:		Signature of the Candidate
Place :		Name
	7.	Address
		Mobile No
		Fmail 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.