

- 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.