

PROFORMA REGARDING EMPLOYMENT OF DEPENDENTS OF GOVERNMENT SERVANTS DYING WHILE IN SERVICE/RETIRED ON INVALID REASONS.

PART-I

01. (a) Name of the deceased/retired on invalid pension employee: _____

(b) Designation of the employee: _____

(c) Date of Birth of employee _____

(d) Date of superannuation of the deceased Govt. Servant: _____

(e) Date of Death/retirement on Invalid pension _____

(f) Age of deceased Govt. servant On the date of his/her death: _____

(g) Total length of service rendered _____

(h) Whether belongs to SC/ST/OBC _____

(i) Whether permanent or temporary _____

(j) Date of initial appointment _____

02. (a) Name of the candidate for appointment: _____

(b) His/her relationship with the Employee: _____

(c) Date of Birth (Please attach attested Copies of relevant documents): _____

(d) Education Qualification (please Relevant documents) _____

(e) Marks of the 10th, 12th, B.A, B.Ed Exam and typing speed in Hindi/ English as the case may be. _____

(f) Whether any other dependent has Been appointed on Comp.Grounds _____

03 Particulars of total assets left including amount of:

(a) Family pension Rs. _____

(b) D.C.R. Gratuity Rs. _____

(c) L.I.C policies (Incl, PLI) Rs. _____

(d) G.P.F Balance Rs. _____

(e) Movable and immovable properties annual income earned thereof by the family: Rs. _____

(f) C.G.E. Insurance amount Rs. _____

(g) Encashment of leave Rs. _____

(h) Any other assets/income Rs. _____

TOTAL Rs. _____

04 Brief particulars of liabilities, if any _____

05 Particulars of all dependents of the Govt. Servant living together (if some are employed, their in or

S.No	Name	Relation with Govt.Servant	Employed or not (with emolument)	Married or not
(1)	(2)	(3)	(5)	(6)
1.				
2.				
3.				
4.				
5.				
6.				
7.				

06 Particulars of the family members living separately

S.No	Name	Relation with Govt.Servant	Employed or not (with emolument)	Married or not
(1)	(2)	(3)	(4)	(5)
1.				
2.				
3.				
4.				
Place of residence with complete address				Own/Rented
(6)				(7)

DECLARATION

07 I hereby declare that the facts given by me above, to the best of my knowledge are 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 also give a sole undertaking to support the family financially.

Signature of the candidate _____

Full name of the candidate _____

Address of the candidate _____

_____ Pin _____

Tele/Mobile _____

VERIFICATION BY A PERMANENT GOVT. SERVANT

Sh./Smt./Ms. _____ S/o, D/o, W/o _____ is
known to me and the facts mentioned by him are correct.

Verified by
(Principal)
(Sign with stamp)

Signature of permanent Govt. Servant
Name _____
Designation _____
Address _____

Verified by Education Officer (Zone _____)
(Sign with stamp)

Countersigned by Dy. Director of Education (Distt. _____)
(Sign with stamp)

Verification by Welfare Officer (i.e. DDE welfare)

1. I have verified that the facts mentioned by the candidate above are correct.
2. Sh. _____ is a permanent Employee of _____

Signature of Welfare Officer
Name _____
Designation _____
Address _____

LIST OF DOCUMENTS/PAPERS TO BE ATTACHED ARE ALSO ENCLOSED HEREWITH.