

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
DIRECTORATE OF EDUCATION: ESTABLISHMENT- I BRANCH
OLD SECRETARIAT: DELHI -110054

No: F.DE.1 (8)/10/Misc./E-1/2012/Vol.III/ 2435-52 Dated: 05/04/2017

CIRCULAR

Please find enclosed herewith the new application format for appointment on compassionate grounds which has been received from the Services Department with the direction to submit the future applications for appointment on compassionate grounds on the new application format.

All the RDs/DDEs/EOs/HOs are requested to submit the future applications for appointment on compassionate grounds on new application format with immediate effect.

Yours faithfully,

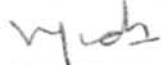


(VINOD KUMAR)
SUPERINTENDENT (E-I)

No: F.DE.1 (8)/10/Misc./E-1/2012/Vol.III/ 2435-52 Dated: 05/04/2017

Copy forwarded for information to:-

1. All RDs/DDEs/Eos/HOs of Dte. of Education.
2. Programmer, MIS with the request to upload the application format in the website of the Department.



(VINOD KUMAR)
SUPERINTENDENT (E-I)

**PROFORMA REGARDING EMPLOYMENT OF DEPENDENTS OF
GOVERNMENT SERVANTS DYING WHILE IN SERVICE/RETIRED ON
INVALID PENSION**

FORM-1

PHOTOGRAPH
(ATTESTED BY
DEPTT.)

PART - A

- I (a) Name of the Government Servant
(Deceased/ retired on medical grounds.) :
- (b) Designation of the Government servant :
- (c) Date of birth of Deceased/ retired on
medical grounds Govt. Servant :
- (d) Date of Superannuation of Deceased/
retired on medical grounds, Govt. Servant :
- (e) Whether Group 'D' or Not? :
- (f) Date of Death/retirement on Medical
grounds :
- (g) Date of initial appointment in Government
service in r/o Deceased/ retired on medical
grounds Govt. Servant. :
- (h) Total length of service rendered :
- (i) Whether permanent or temporary :
- (j) Whether belonging to SC/ST/OBC :
- II (a) Name of the candidate for appointment :
- (b) His/Her relationship with the Government
Servant :
- (c) Marital status of the applicant :
- (d) Date of birth :
- (e) Educational qualification
General :
- Technical :
- (f) Whether any other dependent family
member has been appointed on
compassionate grounds. :
- (g) Height of the applicant :

- 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 policy (including postal life insurance) :
 - (e) C.G.E. Insurance amount + Saving Fund :
 - (f) Encashment of leave :
 - (g) Income from other sources, if any :
 - (h) Amount of DLIS :
- Total :

IV (a) Movable and immovable properties in the name of deceased government servant or any member of family, in Delhi or outside Delhi:

Sl. No.	Property	Details of Property	Value (as per circle rate/Market rate)
a)	Moveable (Cash, Jewelry, Share Certificate, Vehicle etc.)		
b)	Immovable property (Flat/House/Plot etc.)		
c)	Agricultural Land		
d)	Total Value		

(b) If yes, annual income earned and details thereof.

V Brief particulars of liabilities, if any :

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VI Residence particulars & Address : Rented / Own House / Govt. Accommodation (Enclose proof)

Address

.....

Contact No.

VI Particulars of all dependent family members of the Government servant (If some are employed, their income and whether they are living together or separately. In case dependent is PH attach self attested copy of disability certificate)						
SL NO	NAMES	RELATIONSHIP WITH THE DECEASED GOVT. SERVANT	DATE OF BIRTH	ADDRESS	EMPLOYED OR NOT (IF EMPLOYED PARTICULARS OF EMPLOYMENT AND EMOLUMENTS)	MARITAL STATUS
1	2	3	4	5	6	7
1						
2						
3						
4						
5						

VI (a) No. of divorcee dependent daughter (s), if any:

VII.

DECLARATION/UNDERTAKING

- 1 I hereby declare that the facts given 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 *and I would be prosecuted under section 177, 193, 197, 198, 199 & 200 of IPC.*
- 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 member are being neglected or not being properly maintained by me, my appointment maybe terminated

Date

Signature of the Candidate

Name
Address

Contact No.
& email ID (if any)
Post Office
Tehsil/ Sub-division
District
State/Pin code

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

Date

Signature of the welfare Officer of the
Department with office stamp/seal

Name

Address

Enclosures:

1	Death Certificate (in original)
2	Copy of certificates as proof of Educational qualification & experience, (Self attested)
3	Proof of Age/DOB of applicant & other family members (Self Attested)
4	In case of candidates belonging to reserved category, self attested copy of Caste Certificate.
5	In case of candidate/dependent belongs to PH category, self attested copy of disability certificate.
6	Details of family (as per Form-3)/Copy of ration card (Self Attested)
7	Copies of orders of all pension benefits i.e. GPF/CPF, CGEIS (including saving fund), PPO, DLIS, Leave Encashment, Savings and any other amount sanctioned by the Government/Department (Self Attested duly verified by administrative department concerned)
8	NOC from other dependent members of family (Self attested declaration/undertaking)
9	Two Photographs of applicant. (Attested by the Department)
10	Rent agreement, Rent receipt and proof of ownership of Landlord of last quarter if applicable.

**NOTE: FURNISHING OF WRONG / FALSE INFORMATION /
CERTIFICATE IS PUNISHABLE UNDER SECTION 177,
193, 197, 198, 199 & 200 OF IPC**