

APPLICATION REGARDING EMPLOYMENT OF DEPENDENTS OF GOVERNMENT
SERVANTS WHO DIED WHILE IN SERVICE/RETIRED ON INVALID PENSION

Please score off whatever not applicable
and cross thus where applicable

Passport size photograph of the applicant

PART - 1
(To be filled in by the candidate)

1. Particulars of deceased / invalidated employee:

Name	Designation	Computer Code No.

Division	Date of birth	Date of appointment	CHSS No.

Whether permanent or Temporary or FTA	Date of retirement on superannuation	Whether a member of SC/ST community

Date of death/retirement on invalid pension	Age at the time of death/invalidation

Whether died while in service

Yes:

No:

Cause of death:

Natural:

Accidental:

(Please give details below)

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Whether the deceased / invalidated
employee was in occupation of
Government accommodation:

Yes:

No:

Whether the dependents of the
deceased / invalidated employee
still continue in that (if applicable)

Yes:

No:

(Address furnished below)

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II. Particulars of the candidate for appointment:

Name (surname first)	Date of birth	Relationship with the employee	Category SC/ST/OBC/Gen

Residential address:

Tel/Mobile No.

Educational / Technical Qualifications

Examination	University / Board / Institution	Year	Class/Grade and % of marks (for passed only)
A) Passed			
B) Appeared or due to appear			

N.B.: Please enclose attested copies of all the certificates in support of your educational / technical qualifications, date of birth, testimonials, experience etc.

Whether already employed and if so, furnish		
Name of the employer	Post held	Salary

III. Particulars of total assets of the deceased / invalidated employee including the amount of Life Insurance Policies

Policy No.	Amount

Movable and Immovable properties and annual income earned there from by the family

Nature of property	Annual Income

IV. Brief particulars of liabilities (including financial), if any, of the deceased / invalidated employee:

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: 3 :

V (a) Particulars of all family members of the deceased / invalidated employee (if some are employed, their income and whether they are living together or separately)

Sl. No.	Name	Date of birth	Age	Aadhar No.	Qualification	Relationship with the deceased invalidated employee	Marital Status	CHSS No.	Residential address	Whether employed or not (in case employed whether living together or separately)	Particulars of employer and address (if in _____ please furnish designation and division)	Salary
1	2	3	4	5	6	7	8	9	10	11	12	13

(b) Whether any of the family members has already been appointed on compassionate grounds in _____

Yes:

NO:

VI Declaration:

1. I hereby declare that the facts given by me above is correct. If any of the facts herein mentioned are found to be incorrect or false at a future date, my services may be terminated without any further notice.
2. I hereby also declare that I shall maintain properly the other family members who were dependent on the Government servant and in case it is proved at any time that he said family members are being neglected or not being properly maintained by me, my appointment may be terminated.

Encl: Attested copies of 1) Educational Qualification 2) Date of birth 3) Employment /Experience Certificate

Date of Application: _____

(Signature of the candidate)

...4/-

ATTESTATION

_____ is known to me and the particulars furnished by him / (Name of the candidate) _____ her are correct.

Signature of the attesting Government Officer
Of the status of Group 'B' and above serving
Under a State Government or the Central
Government of India

Name

Designation

Division

Address/Rubber stamp (seal)
of the Officer

PART-II
(TO BE FILLED IN BY RECRUITMENT SECTION)

Ref: _____

Date: _____

Application in the prescribed form from _____ dependent of _____ who died while in service on _____ or was retired on invalidation on _____ is forwarded herewith for verification and return. NO OBJECTION CERTIFICATE from the parents of Shri / Kum / Smt. _____ and other eligible dependent family member (s) of the deceased / invalidated employee for his/her employment in _____ on compassionate grounds may please be obtained and forwarded to this section alongwith this application form.

Chief Administrative Officer

(TO BE COMPLETED BY THE MEDICAL SOCIAL WELFARE OFFICER)

I have verified that the particulars mentioned by the candidate is correct. Neither the applicant nor any other family members of the employee (other than those mentioned by the applicant) is employed. No Objection Certificate obtained from the parents and other eligible family members (s) is / are enclosed.

OR

I have found that the particulars furnished by the candidate is incorrect. A separate report is enclosed.

Signature of Medical Social Welfare Officer

Name:

Rubber stamp (seal)
of the Officer

Chief Administrative Officer
AEES, Mumbai

(TO BE COMPLETED BY THE RECRUITMENT SECTION)

I. Name of the deceased / invalidated employee : _____

II. Details of monetary benefits admissible to the
Deceased/invalidated employee

1) Gross emoluments : _____

2) CPF (applicable in the case of those who
are not eligible for pension)

a) Personal Contribution : _____

b) Government Contribution : _____

3) Particulars of family pension, DCRG/GPF
(applicable in the case of those who are
eligible for pension)

a) Family Pension

i) For the first 10 years : _____

ii) After 10 years or invalid pension : _____

b) DCRG : _____

c) GPF : _____

4) Other benefits

i) Employees Family Relief Scheme : _____

ii) Central Govt. Employees Insurance
Scheme : _____

iii) Deposit Linked Insurance Scheme : _____

iv) Assistance from Co-operative
Credit Society : _____

v) Under the Workman's Compensation
Act : _____

vi) Encashment of leave : _____

III **Recoveries:**

i) Dues to Government : _____

ii) Dues to BARC Co-operative Credit
Society : _____

IV i) Whether the Government servant who
Died in service/retired on invalid
pension was in occupation of a
Departmental accommodation : _____

iii) Whether the family members still
continue to stay in the said
accommodation : _____

Chief Administrative Officer
AEES, Mumbai