

**केन्द्रीय रेशम बोर्ड CENTRAL SILK BOARD****बेंगलूरु BANGALORE - 560 068****APPLICATION FORM / PROFORMA SEEKING COMPASSIONATE APPOINTMENT
IN RESPECT OF DEPENDENTS OF GOVERNMENT SERVANTS DYING WHILE IN
SERVICE / RETIRED ON INVALID PENSION****PART-A**

Note: Candidate is to fill all the information in his / her own handwriting and necessary documents like Qualification, Experience, Caste, Value of Movable and Immovable properties etc. should be enclosed for examining his / her request for compassionate appointment.

- I**
- (a) Name of the Government servant
(Deceased/retired on medical grounds) _____
- (b) Designation of the Government
Servant _____
- (c) Whether it is MTS (erstwhile
Group 'D') or not? _____
- (d) Date of Birth of the Government
Servant _____
- (e) Date of Death / Retirement on
Medical grounds _____
- (f) Total length of Service rendered _____
- (g) Whether permanent or temporary _____
- (h) Whether belonging to SC/ST/OBC/PH/
General/EWS/Others _____
- II**
- (a) Name of the candidate for appointment
(in block letters) _____
- (b) His/Her relationship with the
Government servant _____
- (c) Date of Birth (Age as on _____) _____ years _____ months _____ days
(Age as on the date of application)
- (d) Educational Qualifications _____
- (e) Marital Status (Married/Unmarried/
Widow) _____
- (f) E-mail ID (in block letters) _____
- (g) Telephone / Mobile Number _____
- (h) Address for Communication /
Permanent Address _____

Pin code: _____



(i) Whether any other dependent family Member has been appointed on Compassionate grounds _____

(j) Additional information, if any _____

III Particulars of total assets left including amount of

(a) Family Pension / Monthly Amount Received under NPS Rs. _____

(b) National Pension System (NPS) Lump sum amount Rs. _____

(c) Death-cum-Retirement Gratuity (DCRG) Rs. _____

(d) General Provident Fund (GPF) balance Rs. _____

(e) Life Insurance Policies (including Postal Life Insurance) Rs. _____

(f) Movable and Immovable properties and annual income earned there from by the family Rs. _____

(g) Central Government Employees Group Insurance Scheme (CGEGIS) Amount Rs. _____

(h) Encashment of Leave (EL) Rs. _____

Total amount: _____

IV Brief particulars of liabilities, if any _____



V Particulars of all dependent family members of the Government Servant (if some are employed, their income and whether they are living together or separately)

Sl. No.	Name (s)	Relationship with Govt. Servant	Date of Birth / Age	Marital Status	Employed or not (if employed particulars of employment and emoluments)
1.					
2.					
3.					
4.					
5.					

VI **DECLARATION / UNDERTAKING**

1. I hereby declare that the information furnished in the proforma is true, complete and correct to the best of my knowledge and belief. I fully aware that in the event of any of the above said information furnished by me being found false or incorrect at any stage, my appointment / candidature is liable to be summarily cancelled / terminated without any notice or compensation.
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 1(a) of Part-A of this form and in case it is proved at any time that the said family members are being neglected or not being properly maintained by me, my appointment may be terminated.

Date: _____

Place: _____

Signature of the candidate : _____

Name (in block letters) : _____



VII In case the application is submitted seeking compassionate appointment in respect of family members other than spouse of the deceased official, the spouse should indicate her willingness and sign below :-

I recommend the name of my son / daughter _____
to provide compassionate appointment in Central Silk Board

Signature of Spouse of the deceased official

Name (in block letters): _____

Contd....5/-

CERTIFICATE



Shri/Smt./Kum. _____ is
known to me and the facts mentioned by him / her are correct.

Signature of permanent
Government Servant

Name: _____

Address: _____

Date:

Certificate to be issued by the Head of the CSB Unit

1. The details furnished by the Applicant in the application have been verified by Shri/Mrs. _____ and a copy of report submitted by him / her is enclosed.

2. After careful examination of the application, it is hereby recommended that the applicant is eligible for employment under compassionate appointment and the facts mentioned above by the candidate are correct.

Date:

Signature & Designation of the
Head of the office with seal

Name: _____

Address: _____
