

# **APPLICATION FORM FOR COMPASSIONATE APPOINTMENTS**

(For Compassionate Appointment for Dependants of Government Employees who died or retired on medical invalidation)

1. Full Name of the Applicant :  
(In block letters)
  
2. Relationship of the Applicant to the Employee who died or retired on Medical Invalidation :
  
3. Name of the spouse :
  
4. Permanent Address :
  
  
5. Full Postal Address for correspondence :
  
  
6. Name of the Employee who died or Retired on Medical Invalidation :
  
7. Designation :
  
8. Office in which the employee is Working at the time of death or Retirement on Medical Invalidation :
  
9. Date of Death and Place :
  
10. If the employee is retiring on medical Grounds date of retirement (Necessary Documents should be enclosed) :

11. Particulars of Family members of the Applicant including the deceased employee/ Retired on Medical Invalidation

S. No	Name of the Family Member	Educational Qualifications	Age at the Time applying For compassionate appointment	Whether married or not	Relationship with the employee

12. Caste :  
(Schedule Caste/Schedule Tribes  
Backward caste/others)
13. Date of Birth of the applicant :
14. Financial Status of the family of the  
Deceased employee/retired employee :
15. Educational Qualifications of the  
Applicant :

S. No	Name of the Examination Passed / Name of the University Or Board	Year of passing	Marks /Grade	Percentage

16. Native place and Mandal :
17. If any one of the family members is  
Employed? If employed particulars of  
Employment. : Yes / No Page No.
18. Have you registered your name in the  
Employment Exchange? If registered  
Name of the employment exchange.  
Registration Number and date : Yes / No Page No.
19. Whether the following certificates enclosed : Yes / No Page No.  
Or not
- a) Death Certificate : Yes / No Page No.
- b) Caste Certificate : Yes / No Page No.  
(Issued by the Tahasildar)
- c) Nativity Certificate : Yes / No Page No.  
(Issued by the Tahasildar)
- d) Proper Person Certificate : Yes / No Page No.  
(Issued by the Tahasildar)
- e) No objection certificate from the : Yes / No Page No.  
Other family members
- f) Income Certificate : Yes / No Page No.  
(Issued by the Tahasildar)
- g) Date of birth certificate of the applicant : Yes/ No Page No.

- h) Certificates of Educational qualifications  
of the applicant : Yes / No Page No.
- g) If the applicant is spouse of the deceased  
Employee declaration by the spouse : Yes / No Page No.  
That she/he is not married again
- i) Declaration by the family members that  
None of the family members is employed : Yes / No Page No.  
In State/Central Government

I here by declare that the information furnished above is correct  
and no information which is correct is not disclosed.

Place :

Full signature of the applicant

Date :

#### CERTIFICATE

( To be issued by the Head of the Office at the time of death of employee or  
retirement on medical invalidation)

After careful examination of the application, it is hereby recommended that  
the applicant is eligible for employment under compassionate appointment or  
medical invalidation

Signature & Designation of the  
Head of the office with seal

# NO OBJECTION CERTIFICATE

We, dependant family members of Late Sri / Smt. \_\_\_\_\_

\_\_\_\_\_

have NO OBJECTION to Provide Employment to Sri / Smt. \_\_\_\_\_

\_\_\_\_\_ S/O. D/O. W/O. H/O \_\_\_\_\_

\_\_\_\_\_ under Compassionate Appointment.

Signature of Family Members

1.

2.

3.

4.