## Application for appointment on Compassionate ground for Group 'C' / 'D' post

I. Particulars of the deceased /Medically Unfitted in all classes /decategorised/Missing Employee:

Please affix recent passport size photograph of the applicant duly attested

1	Name of the employee	
2	Designation/Shop/Tkt No.	
3	Emp.No.	
4	Community (SC/ST/OBC/UR)	
5	Date of cessation of service	
6	Nature: Demise / MU in all classes	
	/ Med. Decategorisation/ Missing	
7	Office Order No. and Date	

## 2. Family composition

SI .N	Name	Date of Birth/	Relationship	Marital Status	Occupation, (if any, with	Remarks
0		AGE		Status	details)	

## 3. Details of settlement received:

Sl.No.	Details	Amount	Beneficiery
1	DCRG		
2	Group Insurance		
3	PF		
4	Leave Salary		
5	Pension/Family Pension		

## 4. Particulars of the applicant for compassionate ground appointment:

1	Name	
2	Relationship	
3	Date of birth and age (Proof to be enclosed)	
4	Educational qualification Academic:	
	Technical;	
	(Proof to be enclosed)	
5	Community(SC/ST/OBC/UR)	
	(Proof for SC/ST/OBC to be enclosed)	
6	Occupation, if any, with details	
7	Marital status	
8.	Contact telephone number	
9	Information, if any	
10	Address for communication	

The details furnished above are true and there is no suppression of facts.

Signature of the leading member of the family. (Father/Mother)

Signature of the applicant Date

<b>5.</b>	I/We	have	no	objection	in	considerii	ng	the	candida	ature	of
	Shri/S	mt/Ms				for	co	mpas	sionate	grou	ınd
	appoi	ntment	in I	CF/Chenna	i – 3	8.					

Sl.No	Name	Relationship	Signature
1			
2			
3			
4			

Forwarded to OS/Con along with report, undertaking form and pass declaration collected from Shop/Office  $\,$ 

**Staff and Welfare Inspector/Shell/Fur: Date:**