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

FORM-1 PART – A

PHOTOGRAPH (ATTESTED BY DEPTT.)

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		or a leage territor for the season of the control o
	(d)	Date of Superannuation of Deceased/ retired on medical grounds, Govt. Servant	•	to binuly per seed
	(e)	Whether Group 'D' or Not?	:	VEGIN-3-38-2-3-(1)
	(f)	Date of Death/retirement on Medical grounds	:	grouph the Provincian Sunday (1)
	(g)	Date of initial appointment in Government service in r/o Deceased/ retired on medical grounds Govt. Servant.	:	a region and the first that the section of the sect
	(h)	Total length of service rendered	:,,,,	rioty s and lor chealthand (4) .
	(i)	Whether permanent or temporary	10	aggranaseasinagas es
	(j)	Whether belonging to SC/ST/OBC	q.i.e	AVAITHU TAY: ORIGINA (S. V.)
II	(a)	Name of the candidate for appointment	tellar •	Christy Simon michalgrane
	(b)	His/Her relationship with the Government Servant	nq na	vtraca*(unk : P ;
	(c)	Whether belongs to SC/ST/OBC	:	,
	(d)	Marital status of the applicant	:	
	(d)	Date of birth	bija i	minede co
	(e)	Age as on Date of Application	: -	
	(f)	Educational qualification (General)	m gr griett	nesar formas seg til elle j Sentrepare e egilena
		Technical	This	e45 99 90 00 00 1 g 1900
	(g)	Whether any other dependent family member has been appointed on compassionate grounds.	:	
	(h)	Height of the applicant	:	

Ш		Particula amount	ars of total assets left inclu of:	ding Thuscost to dhit to stati (1)			
	(a)	Family p	pension	(4) Dage of Stevensman map at Dage			
	(b)	D.C.R. C	Gratuity	Section of good variety (a)			
	(c)	Encashm	nent of leave				
	(d)	DGEIS I	nsurance Fund	ebruton j			
	(e)	DGEIS S	aving Fund	(85) Dure of initial appointment in Current server in the Decrased/renied on the			
	(f)	Amount	of DLIS (If any)	grounds Covt. Ser aur.			
	(g)	Commu	tation of Pension	Try Total laygilla or resource degral			
	(i)	Any Other amount paid or to be paid :					
IV	(a)		e and immovable propert of family, in Delhi or out	ties in the name of deceased government servant or any side Delhi:			
		Sl.No.	Property	Details of Property (Complete Address)			
		a)	Immovable property (Flat/House/Plot etc.)	1. OC sis miles Constant control (a)			
			***************************************	2. DEGRADE or agriculate technolist (c)			
		1 1 4 1 4 K CH	o er comme e	" [6] Warred atthough the "pplicant			
		b)	Agricultural Land	(d) Pam of Birdi			
	(b)	,	annual income from the	ne above			
V		Brief par	ticulars of liabilities, if an	y : [Margled]			
				us) Whether any the dependent of seminer that book appaining			
				si). mwaj alangiasaj moo			

SL NO	copy of disability certif	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					inclâstires:	
3	tin 1982, sometro-gent att	ualification o	astod) i leinatiani itroi faird	A fise present (Self A b Ober sprom of Ed Ober sprom un i	Heald to your ! Hitms to vigo 2 ! SupA ha toon!	
4	dice manage nas 6	MASSELLAN DESIG	127 1 111	hustinor - coentra	L'ercifoxie.	
	a yeys. bahsarin Nas	FH calegory	al agnob	disampenapht b	and to sepo Al	
5		prospect til vid	myt la are	er digendent mend	NO from oil	
	(in)	ior Departme	yd belast	A turnings to don't	Tisso Photogra	

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.

I hereby also declare that I shall maintain properly the other family members who 2 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 may be terminated

Signature of the Candidate

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

Date:

Enclosures:

1	Copy of Death Certificate (Self Attested)		
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	NOC from other dependent members of family, if required		
7	Two Photographs of applicant. (Attested by the Department)		
8	If residing in the Rented House then provide copy of Latest Rent agreement, Latest Rent		
	Receipts (Last Three Months) and proof of ownership of Landlord.		
9	Any related documents in respect of information provided in the form		

I personally verified the facts mentioned by the candidate on pre-pages and found correct to best of my knowledge.

Date

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

Name Address

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