

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 : .....
- (d) Date of Superannuation of Deceased/  
retired on medical grounds, Govt. Servant : .....
- (e) Whether Group 'D' or Not? : .....
- (f) Date of Death/retirement on Medical  
grounds : .....
- (g) Date of initial appointment in Government  
service in r/o Deceased/ retired on medical : .....
- grounds Govt. Servant.
- (h) Total length of service rendered : .....
- (i) Whether permanent or temporary : .....
- (j) Whether belonging to SC/ST/OBC : .....
- II (a) Name of the candidate for appointment : .....
- (b) His/Her relationship with the Government :  
Servant .....
- (c) Whether belongs to SC/ST/OBC : .....
- (d) Marital status of the applicant : .....
- (d) Date of birth : .....
- (e) Age as on Date of Application : .....
- (f) Educational qualification (General) : .....
- Technical : .....
- (g) Whether any other dependent family  
member has been appointed on : .....
- compassionate grounds.
- (h) Height of the applicant : .....



PROFORMA REGARDING THE JOINTMENT OF DEPENDENTS OF  
GOVERNMENT SERVANTS DYING WHILE IN SERVICE/RETIRED ON  
INVALID PENSION  
PART - A

- III      Particulars of total assets left including amount of: : .....
- (a)    Family pension : .....
- (b)    D.C.R. Gratuity : .....
- (c)    Encashment of leave : .....
- (d)    DGEIS Insurance Fund : .....
- (e)    DGEIS Saving Fund : .....
- (f)    Amount of DLIS (If any) : .....
- (g)    Commutation of Pension : .....
- (i)    Any Other amount paid or to be paid : .....

- IV    (a)    Movable and immovable properties in the name of deceased government servant or any member of family, in Delhi or outside Delhi:

Sl.No.	Property	Details of Property (Complete Address)
a)	Immovable property (Flat/House/Plot etc.)	1. .... 2. ....
b)	Agricultural Land	.....

- (b)    If yes, annual income from the above mentioned properties(if any) : .....
- V      Brief particulars of liabilities, if any : .....

VI	Particulars of all dependent family members of the Government servant (If some are employed, their income and whether they are living together or separately. In case dependent is PH attach self attested copy of disability certificate)					
Sl NO	NAMES	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						
3						
4						
5						

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.*
- 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 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

Date:

Contact No.

& email ID (if any)

Post Office

Tehsil/ Sub-division

District

State/Pin code

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.....  
.....  
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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