

**ANNEXURE-III**

**NAME OF THE DEPARTMENT:**

**ADDRESS:**

**CERTIFICATE TO BE ISSUED BY HEAD OF DEPARTMENT**

The case is complete in all respects as per check-list provided by Services Department. The documents have been duly verified/authenticated.

The request of Sh./Ms. \_\_\_\_\_, W/o, S/o, D/o, Late Sh./Ms. \_\_\_\_\_ Ex-  
\_\_\_\_\_ is hereby recommended for consideration by  
Screening Committee for compassionate appointment.

**Signature of Head of Department  
(with official seal)**