

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)**