

FORM-3

NAME OF THE DEPARTMENT :

COMPLETE ADDRESS :

CERTIFICATE TO BE ISSUED BY HEAD OF DEPARTMENT

The request dated _____ received from
Smt./Sh./Ms./ _____
W/o, S/o., D/o Late Sh./Smt. _____
(Ex- _____) of this department is hereby recommended for
consideration by Screening Committee for appointment on compassionate ground.

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

Signature of Head of Department
(with official seal)