

FORM-4

NAME OF THE DEPARTMENT :

COMPLETE ADDRESS :

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

**(RECONSIDERATION CASE)**

The request dated \_\_\_\_\_ received from  
Smt./Sh./Ms. \_\_\_\_\_ W/o, S/o, D/o of  
Late Sh./ Smt. \_\_\_\_\_ (Ex-  
\_\_\_\_\_) of this department regarding reconsideration of her/his case for  
appointment on Compassionate Ground has been scrutinized and found in order in  
all respects in accordance with the Circular of Services Department.

Accordingly, the request of the applicant for reconsideration of her/his case for  
appointment on Compassionate Ground is recommended for consideration by the  
Screening Committee for appointment on Compassionate Grounds.

Signature of Head of Department  
(with official seal)