

South Eastern Railway

**APPLICATION, DECLARATION AND NOMINATION FOR EMPLOYMENT
ASSISTANCE ON COMPASSIONATE GROUND IN GROUP 'C'/ GROUP 'D' POST
IN CHAKRDHARPUR DIVISION.**

Affix a recent
passport size
photograph duly
attested by the
controlling officer.

I. (To be filled by the candidate)

A. Bio – data of the Candidate

1. Name :
2. Date of Birth :
(As per School Certificate/ Admit Card/Court Affidavit)
3. Educational Qualification :
4. Caste SC/ST/OBC/UR (Sub Caste). :
If SC/ST/OBC, attested copy of the Caste certificate in prescribed format issued by Competent Authority should be enclosed
5. Relationship with the Ex-employee :
6. Personal Marks of Identification : 1.)
2.)
- 7 Application made for (Group 'C'/Group'D') :

B. Particulars of the Ex-Employee

1. Name :
2. Designation :
3. Unit/Station/Deptt :
4. Date of Birth :
5. Date of appointment :
6. Date of death/ Retirement on Medical ground :
7. Date of termination :
8. Last rate of Pay drawn : Rs. _____
in scale Rs. _____
9. P.F. No. :
10. Whether the dependants are left in indigent circumstances :

C. Particulars of the family members of the Ex-employee

Sl. No	Name	Relationship with the Ex-employee	Age/ Date of Birth	Marital Status	Edu. Qualification	Occupation

D. Particulars of Son/Daughter/Widows already working in Railway: -

E. I do hereby declare that none of my family members have been appointed in the Railways on employment assistance scheme on compassionate ground and no body will also apply for such employment assistance in future other than me. The particulars are furnished in the application is true to the best of knowledge and belief and if anything is found false I shall be liable for action under D&A rules or any other rules applicable to me. I do ensure that I shall abide by the rules and regulations of the employment assistance on compassionate ground and I will look after the family members left behind by the Ex-employee.

F. Enclosed herewith the following documents for your perusal to process the case of employment assistance on compassionate grounds.

- i. Nomination for employment from the widow/father duly attested by the Unit Supervisors.
- ii. No objection and consent from other claimants in case, widow/father is predeceased.
- iii. Attested true copies of School/College certificate.
- iv. Court affidavit in original in support of age. (in case candidate has never read in any school)

- v. Attested true copy of death certificate in prescribed format.
- vi. Attested true copy of Caste certificate, if applicable in prescribed format issued by the Competent Authority.
- vii. Civil Legal Heir ship certificate issued by Civil Officer not lower than of the rank of Circle Officer/BDO/Tahsildar.
- viii Other documents in support of Legality and authenticity of application, if applicable (Voter . Identity Card, Ration Card).
- ix. Declaration as per Estt. Srl No – 200/2000.

Signature /LTI of the candidate

Date: _____

Name: _____

Village: _____ P.O _____

Distt: _____ Nearest Rly Station. _____

II To be certified by the Unit Supervisor:-

The particulars furnished in the application by the candidate whose photograph is affixed in the application duly nominated by the Widow/Employee/Head of the Family as well as the family particulars are certified as correct. The signature/LTI of the candidate is also certified as genuine. This is a Lawful and genuine case to process Gr. 'C'/'D' employment.

Signature of the Unit Supervisor
With date and official stamp

III

NOMINATION

I, Sri /Smt. _____ wife/son of Late
_____ Ex _____ Station _____ is
hereby nominated my Son/Daughter/wife Sri/Smt./Ku. _____ for
employment assistance on compassionate grounds. He/she will look after the family left behind
by the ex-employee. I do hereby declare that no appointment on compassionate ground has
been made in the family on account of instant death/termination of service against which the
present application is being made.

Signature of Unit Supervisor
With stamp & seal
Date:

Signature/LTI of Ex-Employee/
Signature of husband/ Widow of
Ex-employee.

Date:

Postal Address:

Village:

P.O:

Distt:

Pin Code:

IV **RECORD OF FAMILY MEMBERS AS PER MEDICAL IDENTITY CARD**
(TO BE FILLED BY THE UNIT SUPERVISOR).

The following are the records of the family members of Sri/Late _____
Design. _____ Station _____ as per medical identity card No -
_____ Dated _____ issued in favour of the Ex-employee.

Sl. No.	Name	Relation with the Ex-employee	Age/Date of Birth

Date:-

Signature of Unit Supervisor
with Stamp and Seal

V

RECORD OF FAMILY MEMBERS AS PER PASS DECLARATION
(TO BE FILLED BY PASS ISSUING AUTHORITY)

Certified that according to records available in this office, the ex-employee Sri/Smt. _____ Design. _____ submitted his/her last pass declaration on _____ and was drawing Pass/PTO' s from this office. According to his/her declaration the following names of his family and dependants have been included with age as on _____.

Sl. No.	Name	Relation with the Ex-employee	Age/ Date of Birth.

Date:

Signature of the Pass issuing
authority with seal of office/
Officer stamp.

VI**RECOMMENDATION BY THE DEPARTMENTAL OFFICER**

Recommended and forwarded to Sr. Divl. Personnel Officer, S.E. Railway/CKP with the remarks that this is a genuine case with regard to candidature, for employment assistance on compassionate grounds in Group 'C' / 'D' category as admissible. The employment assistance on compassionate ground in favour of Sri/Smt./Ku. _____
Son/Daughter/Wife of Sri/Smt. _____ last designation
_____ Station _____ may therefore be processed accordingly.

Date:

Signature of the Controlling
Officer not lower than Assistant Officer
with office Seal.

DECLARATION/UNDERTAKING (IN TERMS OF ESTT. SRL. NO. – 200/2000)

Particulars of all dependent family members of the Railway servant (if some of employed, their income and whether they are living together or separately).

Sl. No.	N A M E (S)	Relationship with the government servant.	Age/date of birth	Address	Employed or not (if employed, particulars of the employments)

1. I hereby declare that the facts given by me above are, to the best of my knowledge, correct. If any of the facts herein mentioned are found to be incorrect or false at a future date, my services may be terminated.
2. I hereby also declare that I shall maintain properly the other family members who have been dependent (details given above) on Railway servant mentioned against I(a) of Part-A of this form and in case it is proved at any time that the said family members are being neglected or not being properly maintained by me, further during the period of their dependency my appointment may be terminated.

Date :-

Signature of the candidate.

Name.....

Address.....

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I have verified that the facts mentioned above by the candidate are correct.

Signature of the Welfare Officer/Personnel Officer

Name.....

Address.....