

No./संख्या:73/11/2022-Admn.I

Government of India/भारत सरकार

Ministry of Labour and Employment/ श्रम एव रोजगार मंत्रालय

Labour Bureau/ श्रम ब्यूरो

Shram Bureau Bhawan,  
Block No.2, Institutional Area,  
Sector 38-West, Chandigarh-160036.

Dated: 26. -06-2023.

- To
1. Sh. Pankaj Gill, S/o U. Sh. Manohar Lal
  2. Smt. Anita Ghara, w/o U. Sh. Ashok K. Ghara,
  3. Smt. Neha Bhatnagar, D/o U. Sh. Mukesh Kumar
  4. Smt. Chandrawati, w/o U. Sh. Surinder Kumar
  5. Sh. Sonu, S/o U. Sh. Krishan Pal
  6. Smt. Ankita Joshi, D/o U. Sh. Pitamber Joshi

Sub: Employment on compassionate grounds in Labour Bureau -  
reg.

Sir,

Reference is invited to the subject cited above and it is informed that Labour Bureau is considering your Application dated \_\_\_\_\_ for employment on compassionate grounds for which specified information is required to be furnished by you in the prescribed pro-forma attached (Annexure-1) along with supporting documents with this letter.

2. Accordingly, it is requested to furnish the true and correct information in all respect in the enclosed pro-forma and return the same to this office within a period of three weeks to enable this office to process your case for employment on compassionate grounds.

3. In case the information in prescribed pro-forma does not reach this office within the stipulated period, it would be presumed that you are not interested for employment on compassionate grounds and your aforesaid application would not be considered and no further opportunity in the matter would be granted.

Yours faithfully

Kulwinder Singh 26/6/23

(Kulwinder Singh)  
Section Officer

Encl: Blank Pro-forma.

7. Smt. Raj Kumari, w/o U. Sh. Amir Singh.
8. Smt. Shakuntla Devi, w/o U. Sh. Narendra Kumar
9. Sh. Manoj Kumar, S/o U. Sh. Nookh Ram
10. Km. Akshi Tohan, D/o U. Sh. Purnil K. Tohan
11. Sh. Sachin Singh, S/o U. Sh. Murtugayal Singh.
12. Sh. Dalip Kumar, S/o U. Sh. Parkash Chand.

संख्या 3560-3571  
Shivani के द्वारा  
27.06.23 को जारी

PROFORMA REGARDING EMPLOYMENT OF DEPENDENTS OF GOVERNMENT  
SERVANTS DYING WHILE IN SERVICE/RETIRED ON INVALID PENSION

## PART-A

S.No.		
<b>1.</b>	<b>Details of the Government Servant (Deceased/retired on medical ground)</b>	
(a)	Name of the Government servant.	
(b)	Date of Entry into Government service	
(c)	Date of Superannuation	
(d)	Designation of the Government Servant.	
(e)	Whether it is MTS(erstwhile Group 'D'or not)?	
(f)	Date of Birth of the Government Servant?	
(g)	Date of death/retirement on medical grounds?	
(h)	Total length of Service rendered?	
(i)	Whether permanent or temporary?	
(j)	Whether belonging to SC/ST/OBC?	
<b>2.</b>	<b>Detail of candidate for compassionate appointment</b>	
(a)	Name of the candidate for appointment.	
(b)	His/Her relationship with the Government Servant.	
(c)	Date of Birth.	
(d)	Educational Qualifications.	
(e)	Marital Status	
(f)	Whether any other dependent family member has been appointed on Compassionate grounds?	

3.	Details of Assets/ Liabilities/ Income/ dependents
(a)	Brief Particulars of Liabilities i.e. bank loan, borrowings etc.
(b)	Basic Family Pension/ Pension/ Monthly amount received under New Pension Scheme
(c)	Terminal Benefits
	i) Death cum Retirement Gratuity
	ii) CGE Insurance Amount
	iii) GPF
	iv) Life Insurance Policies (Including Postal Life Insurance)
	v) Leave Encashment
(d)	Total value of Immovable/Movable Property including fixed deposits/ bank deposits/ investments/ personal life insurance/ any other assets etc. in the name of the Government Servant or any other member of the family[excluding the amount as mentioned in 3(b) and (c) above] (Provide a copy of Immovable Property Return/ Affidavit/ certificate issued by Revenue/ Municipal Authorities/ concerned departments)
(e)	Total Monthly income of dependent members of family and/or income from property.
(f)	No. of dependent(s)
(g)	No. of unmarried daughter(s) (Provide a copy of Affidavit/ certificate issued by Revenue/ Municipal Authorities)
(h)	No. of minor children of the deceased Government Servant or dependent sister(s)/ brother(s) of unmarried Government Servant
(i)	Remaining(leftover) service
(j)	Physically /mentally challenged and chronic disease case
	(i) Whether the applicant is a person with disability (PwD) ? If yes, please provide a copy of disability certificate.
	ii) Whether the dependent family member (other than the applicant) of the deceased is PwD or Physically/ mentally challenged son /daughter ? If yes, please provide a copy of disability certificate.

	iii) Whether a dependent family member of the deceased is suffering from AIDS, Cancer, Kidney failure, heart attack, liver cirrhosis, organ transplantation of liver/ heart/ kidney/ Alzheimer? If yes please provide a copy of medical certificate.	
4.	<b>Particulars of all dependent family members of the Government servant (if some are employed, their income and whether they are living together or separately)</b>	

S.No.	Name(s)	Relationship with Government Servant	Age	Address	Employed or not (If employed, particulars of employment and emoluments)	Marital Status
i)						
ii)						

**Declaration/Undertaking**

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 were dependent on the Government servant/Member of the Armed Forces mentioned against 1(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, my appointment may be terminated.

Date:

Signature of the Candidate:.....

Name:.....

Address:.....

.....

.....

Mobile No.....

Email.....