

FORM FOR SEEKING COMPASSIONATE APPOINTMENT/BENEFIT

PART-A

(TO BE FILLED BY APPLICANT)

I.	(a)	Name of the affected Government Servant (deceased/missing/retired on Medical Ground)		:-		
	(b)	Designation of the affected Government Servant		:-		
	(c)	Date of Birth of the affected Government Servant		:-		
	(d)	Date of Occurrence		:-		
	(e)	Age of the affected Government Employee on the date of occurrence		:-		
	(f)	Total length of Service Rendered		:-		
	(g)	Whether Permanent or Temporary		:-		
	(h)	Whether belongs to SC/ST/OBC/PH		:-		
II.	Categories of benefit under the Compassionate Appointment Scheme applied for (Please tick the appropriate category)				Category-I	
					Category-II	
					Category-III	
					Category-IV	
III.	(a)	Name of the candidate applied for appointment under the scheme for compassionate appointment benefit		:-		
IV.	(a)	His / Her relationship with the affected Government Servant		:-		
	(b)	Date of Birth of the applicant		:-		
		Age of the applicant on the date of the occurrence		:-		
	(c)	Educational Qualification		:-		
	(d)	Whether any other dependent family member has been appointed on compassionate grounds		:-		
V.	(a)	Whether there is any earning member in the family		:-		
	(b)	If yes, details (Name, Post Department, etc.)	Name			
			Designation			
			Department			
			Remarks			
VI	Particulars of all dependent family members of the Government servant(if some are employed , their Income and whether they are living together or separately)					
Sl. No	Name(s)	Relationship with affected Govt. Servant	Age (Years)	Address	Employed or not , if employed particulars of employment, Post & Department	Annual Income (Rs)
1.						
2.						
3.						
4.						
5.						

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 mentioned against 1(a) of Part-A of this form and in case it is prove at any time that the said family members are being neglected or not being properly maintained by me, my appointment may be terminated.
3. I Shri/Smti S/o,D/o,W/o.....
..... In consideration of my compassionate appointment under Compassionate Appointment/ Die-in-Harness Scheme, do hereby undertake that I shall maintain properly the other family members who were dependent on the person/ Government Servant and in case it is proved subsequently (at any time) that the said family members are being neglected or are not being properly maintained by me my appointment may be terminated.

To be signed in presence of a gazette Officer

Signature of the Candidate

Name :-
Address :-
Vill :-
P.O :-
P.S :-
Sub-Division :-
District :-
Pin :-
Phone Number :-

I, Shri/Smti.....declare that signature of above person have been put in my presence.

(Signature of the Gazetted Officer)

Name :-
Designation :-
Address of the
Gazetted Officer :-

No-Objection given by the other family member(s) of the deceased Government Servant

We/ I the undersigned do hereby state that we/ I have no objection towards providing the compassionate appointment in favour of Shri/ Smti _____ who is a member of our family living together and shall take care of our family in order to relieve the family from financial distribution in absence of Late _____ who was an affected Government Servant as per the definition of the Scheme

To be signed in presence of a Gazetted Officer

Sl. No.	Name of the member(s)	Relationship with the candidate	Full Signature
1.			
2.			
3.			
4.			
5.			

Date:____/____/____.

Place: _____

Shri/ Smti/Kumari _____ is Known to me and the facts mentioned by him/her are correct.

Date:____/____/____

Place:-_____

(Signature of the Gazetted Officer)

Name :-

.....

Address of the
Gazetted Officer :-

.....

Part-C

(TO BE FILLED IN BY OFFICER IN WHICH THE EMPLOYEE CONCERNED WAS IN SERVICE ON THE DATE OF OCCURRENCE)

I.	(a)	Name of the candidate for Appointment	:-	
	(b)	His/Her relationship with the affected Government servant	:-	
	(c)	Age(Date of Birth), Education qualification and experience, if any	:-	
	(d)	Post (Group-C or D) in which employment is proposed	:-	
	(e)	Whether there is vacancy in that post within the ceiling of 15% of total available vacancies prescribed under the scheme of compassionate appointment	:-	
	(f)	Whether the relevant Recruitment Rules provide for direct recruitment	:-	
	(g)	Whether the candidate fulfils the requirement of the Recruitment Rules for the post	:-	
	(h)	Mention any relaxation are being given to the applicant	:-	
II.	Whether the facts mentioned in Part-A and Part-B have been verified by the Officer and if so, indicate the records		:-	
III.	Personal recommendation of the Head of Department/Office		:-	
IV.	Applicant finally recommended for Category-I/ Category-II/ Category-III/ Category-IV admissible under the Scheme (as per categories cited under Nature of Support of the Scheme)		:-	

The information given above for providing admissible benefits under Compassionate Appointment/Benefit Scheme under the Government of Tripura has been verified with the Service Book, LTC Claim, Ration Card, report of the concern Sub-Divisional Magistrate and other document and found that

Shri/Smti.....S/o, D/o, W/o.....
.....may be considered for admissible benefits of Compassionate Appointment/Benefit Scheme for Eligibility Criteria as described under the Scheme.

Signature.....

Counter Signature

Name

Director of Health Services
Govt. of Tripura
Agartala:West Tripura

Secretary (Health)
to the Govt. of Tripura