

**PROFORMA REGARDING EMPLOYMENT OF DEPENDENTS OF BANK EMPLOYEE
DYING WHILE IN SERVICE/RETIRED ON MEDICAL GROUNDS**

PART- A

I.	(a) Name of the employee (Deceased/retired on medical grounds)	_____
	(b) Designation	_____
	(c) Date of birth of the deceased/retired employee	_____
	(d) Date of death/retirement on medical grounds	_____
	(e) Total length of Service rendered.	_____
	(f) Whether permanent or temporary	_____
	(h) Whether belonging to SC/ST/OBC.	_____
II.	(a) Name of the candidate for appointment.	_____
	(b) His/Her relationship with the deceased/retired employee	_____
	(c) Date of birth	_____
	(d) Educational Qualifications.	_____
	(e) Whether any other dependent family member has been appointed on compassionate grounds	_____
III.	Particulars of total assets left including amount of	_____
	(a) Family Pension	_____
	(b) Gratuity	_____
	(c) Provident Fund Balance	_____
	(d) Life Insurance Policies (including Postal Life Insurance)	_____
	(e) Moveable and Immovable properties and annual income earned therefrom by the family	_____
	(f) Insurance	_____
	(g) Encashment of leave	_____
	(h) Any other assets.	_____
	Total	_____
IV.	Brief particular of liabilities, if any _____	



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

S.No.	Name(s)	Relationship with deceased/ retired employee	Age	Address	Employed or not (if employed, particulars of employment and emoluments)
(1)	(2)	(3)	(4)	(5)	(6)
1.					
2.					
3.					
4.					
5.					

VI. DECLARATION/UNDERTAKING

- 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.
- I hereby also declare that I shall maintain properly the other family members who were dependent on the deceased employee 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 : _____

Shri/Smt/Kum _____ is known to me and the facts mentioned by him/her are correct and verified by me.

Date:

Signature of witness*

Name : _____

Address: _____

* either any employee in the Senior level of Bank or Gazetted rank official from State/Central Government.



PART-B
(TO BE FILLED IN BY OFFICE IN WHICH EMPLOYMENT IS PROPOSED)

- I. (a) Name of the candidate for Appointment _____
- (b) His/Her relationship with the deceased/retired employee _____
- (c) Age (date of birth), educational qualifications and experience, if any _____

- (d) Post for which employment is proposed _____
- (e) Whether there is vacancy in that post within the ceiling of 5% prescribed under the scheme of compassionate appointment. _____
- (f) Whether the candidate fulfils the requirements of the Recruitment Rules for the post. _____
- (g) Apart from waiver of recruitment procedure what other relaxation are to be given _____
- II. Whether the facts mentioned in Part-A have been verified by the office and if so, indicate the records _____
- III. Personal recommendation of the Competent Authority (With his signature and office stamp/seal) _____

