

**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**

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 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)