



फा. नं.3-99/16-प्रशा/2033/10

दिनांक : 13 जनवरी, 2017

## परिपत्र

**विषय : अनुकम्पा के आधार पर नियुक्ति बाबत ।**

उपरोक्त विषय पर सूचित किया जाता है की वर्तमान में इस संसथान में अनुकम्पा के आधार पर नियुक्ति के लिए रिक्ती उपलब्ध पाई गई है और शीघ्र ही अनुकम्पा के आधार पर नियुक्ति कोटे के तहत पाई गई रिक्ती को भरे जाने के लिए संबंधित समिति की मीटिंग बुलाए जाने की प्रकिया आरंभ किया जाना प्रस्तावित है ।

2. अतः इस संसथान के उन सभी कर्मचिरियो जिनका निधन परिषद् की सेवा के दौरान हो गया या जो मेडिकल कारणों के आधार लपर सेवा निवृत्ति की आयु से पहले परिषद् की सेवा से निवृत्त हो गए, के आश्रितों को सूचित किया जाता है कि वे 15 फरवरी, 2017 तक इस परिपत्र के साथ सलग्न प्रारूप में अनुकम्पा के आधार पर नियुक्ति हेतु आवेदन प्रस्तुत करे ।

3. जो आश्रित पहले ही आवेदन दे चुके है उन्हें सूचित लकिया जाता है कि उनके आवेदन समुचित प्रारूप में नहीं है । अतः वे भी 15 फरवरी, 2017 तक इस परिपत्र के साथ सलग्न प्रारूप में अनुकम्पा के आधार पर नियुक्ति हेतु आवेदन प्रस्तुत करे ।

4. आवेदन दी गई अवधि के भीतर इस परिपत्र के साथ सलग्न प्रारूप में मई दस्तावेजों के प्रस्तुत करे । आवेदन के साथ रुपये 10/- का शपथ पत्र भी संलग्न करे जिसमे आपके द्वारा आवेदन में भरी गई सभी सूचना का सत्यापन हो ।

5. यह भी सूचित रहे की केवल उपरोक्त दी गई समय अवधी में पुनः नये प्रारूप में अनुकम्पा के आधार पर नियुक्ति हेतु प्राप्त होने वाले आवेदनों पर ही विचार किया जायेगा, शेष आश्रितों / प्रार्थियों के लिए समझा जायेगा कि वह अनुकम्पा के आधार पर नियुक्ति पाने के लिए इच्छुक नहीं है और तदानुसार उनके नाम पर कोई विचार नहीं किया जायेगा ।

6. यह पत्र सक्षम अधिकारी की अनुमति से जारी किया जा रहा है

  
(अंशुल गुप्ता)  
13/1/17  
प्रशासनिक अधिकारी

संलग्न : उपरोक्तानुसार

### **विवरण**

1. विभागप्रमुख, भूमि उपयोग नियोजन विभाग/सुदूर संवेदन प्रयोग विभाग/मृदा संसाधन अध्ययन विभाग, मुख्यालय, नागपुर को सूचनार्थ ।
2. प्रमुख, क्षेत्रीय केन्द्र, नई दिल्ली/उदयपुर/कोलकता/बंगलुरु/जोरहट को सूचनार्थ तथा उन सभी कर्मचिरियो जिनका निधन परिषद् की सेवा के दौरान हो गया या जो मेडिकल कारणों के आधार लपर सेवा निवृत्ति की आयु से पहले परिषद् की सेवा से निवृत्त हो गए, के आश्रितों को सूचित करने और क्षेत्रीय केन्द्र की वेबसाइट में देने हेतु ।
3. सूचना फलक / संसथान वेबसाइट

ANNEXURE

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

PART- A

- I. (a) Name of the Government servant (Deceased/retired on medical grounds). \_\_\_\_\_
- (b) Designation of the Government Servant. \_\_\_\_\_
- (c) Whether it is MTS ( erstwhile Group 'D') or not? \_\_\_\_\_
- (d) Date of birth of the Government Servant. \_\_\_\_\_
- (e) Date of death/retirement on medical grounds. \_\_\_\_\_
- (f) Total length of Service rendered. \_\_\_\_\_
- (g) 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 Government servant. \_\_\_\_\_
- (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) D.C.R. Gratuity	_____
(c) G.P.F. Balance	_____
(d) Life Insurance Policies (including Postal Life Insurance)	_____
(e) Moveable and Immovable properties and annual income earned therefrom by the family.	_____
(f) C.G.E. Insurance amount	_____
(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 Government servant (if some are employed, their income and whether they are living together Or separately).

S.No.	Name(s)	Relationship with Govt. servant	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 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:- \_\_\_\_\_

Shri/Smt/Kum \_\_\_\_\_ is known  
to and the facts mentioned by him/her are correct.

Date:

Signature of permanent  
Government servant.

Name: \_\_\_\_\_

Address:- \_\_\_\_\_  
\_\_\_\_\_

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

Date:

Signature of permanent  
Government servant.

Name: \_\_\_\_\_

Address:- \_\_\_\_\_  
\_\_\_\_\_

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 Government servant. \_\_\_\_\_
- (c) Age (date of birth), educational qualifications and experience, if any. \_\_\_\_\_
- (d) Post (Group C) 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 post to be filled is included in the Central Secretariat Clerical Service or not. \_\_\_\_\_
- (g) Whether the relevant Recruitment Rules provide for direct recruitment. \_\_\_\_\_
- (h) Whether the candidate fulfils the requirements of the Recruitment Rules for the post. \_\_\_\_\_
- (i) Apart from waiver of Employment Exchange/Staff Selection Commission 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) If the Government servant died/retired on medical grounds more than 5 years back, why the case was not sponsored earlier. \_\_\_\_\_
- (IV) Personal recommendation of the Head of the Department in the Ministry/ Department/Office.  
(With his signature and office Stamp/seal) \_\_\_\_\_

Affidavit (Specimen)

I Sh./Smt. .... R/o .....

is do solemnly affirm and declare that :-

1. I am permanent residence of above address, is generally reside there with family .
2. My husband/wife was servicing in Naval (India) since..... as  
..... And has expired on .....
3. I have ..... nos. Female and .....Nos. ....Male children. Out of them .....Nos.  
have married as per details mentioned in enclosed proforma.
4. I belong to .....Category (SC/SCT/OBC/Genral/Ex.EXM et.c)
5. I certified that the information furnished in enclosed proforma regarding assets/liabilities etc.  
is true & correct and nothing has been concealed in this regard.
6. Sh/Ms.....is my real son/daughter, he .....th pass, he/she may  
be given compassionate appointment on behalf of deceased family.

Deponent

Verification

Verified at .....on this .....day of ....., 2013, that is  
above information is correct and true as per my belief .

Deponent