

INSTRUCTIONS FOR FILLING (DD) FORM

1. A prescribed application form (DD form) for consideration of appointment on compassionate grounds in respect of your son is forwarded herewith. Every column may please be studied carefully and filled in properly. Main application form (DD form) needs to be signed by the candidate, a permanent Govt employee and finally by Welfare Officer (Which can be a Tehsildar, Block Development Officer or District Welfare Officer) at page 2 of the form,
2. A form of 'No Objection Certificates 'and Undertaking' by the nominee is also enclosed with the application form. Both certificate may be filled up properly. 'No Objection Certificate' needs to be signed by the NOK of the deceased while the undertaking needs to be signed by the nominee (Candidate for appointment). Both of the above certificate must be signed by a witness in token of correctness and then countersigned by Gazetted Officer with clear office seal.
3. Please forwarded photo copies of education/ technical qualification certificate and experience, if any, duly attested alongwith DD form.
4. It may please be noted that the age of your son should be between 18 to 27 years if he is 8th std passed and should between 18 to 30 years if he is matric and above. Employment action can only be taken on receipt of aforesaid application form from your son duly completed in all respect alongwith copies of educational certificates etc. In case, any discrepancy is found in furnishing the information as required in the prescribed application, it will be difficult to process the application and consequently the form will have to be returned to you for rectification. Therefore, it is important that all details are filled in properly and correctly for early processing of the case.
5. A blank certificate regarding details of family and property held etc is enclosed for completion . Please return the same after getting signature of Tehsilder / Collector alongwith the DD form.

**PROFORMA REGARDING EMPLOYMENT OF DEPENDENTS OF GOVERNMENT
SERVANT DYING WHILE IN SERVICE/ RETIRED ON INVALIDED PENSION**

- I**
- (a) Name of the Government :
Servant (Deceased / retired on
medical grounds)
 - (b) Designation of the Government :
servant
 - (c) Whether it is Group 'D' or not :
 - (d) Date of death /retirement on :
medical grounds
 - (e) Date of birth of the Government :
Servant.
 - (f) Total length of service rendered :
 - (g) Whether permanent or :
temporary
 - (h) Where belonging to SC/ST/OBC :
- II**
- (a) Name of the candidates for :
appointment
 - (b) His /Her relationship with the :
Government servant
 - (c) Date of birth :
 - (d) Educational qualification :
 - (e) Where any other dependent :
family members has been
appointed on compassionate
grounds.
- III** Particulars of total assets left including :
amount of :-
- (a) Family pension :
 - (b) D C R Gratuity :
 - (c) GPF Balance :
 - (d) Life insurance policies :
(including postal life insurance)
 - (e) Moveable and immovable :
properties and annual income
earned share
 - (f) CGE Insurance amount :
 - (g) Encashment of leave :
 - (h) Any other assets :
- Total = :

Cont pg... 3....

IV Brief particulars 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 the Government servant	Age	Address	Employed or not (if employed particulars of employment and emoluments
-------	----------	--	-----	---------	---

1.

2.

3.

4.

5.

VI **DECLARATION /UNDERTAKING**

1. I hereby declared 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 Govt servant/members of the Armed Forces mentioned against I (a) of Part – A of this form and incase it is proved at any time that the said family members are being neglected or not being properly maintained by me, me appointment may be terminated.

(Signature of the candidates)

Name :

Address :

Date :

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

(Signature of permanent Government servant)

Name :

Address :

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

Signature of the Welfare Officer / Tehsildar

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

- I. (a) Name of the candidates for appointment :
 - (b) His/Her relationship- with the Government servant
 - (c) Age(date of birth),education : qualifications and experience, if any
 - (d) Post for which employment is proposed : and whether it is Group "C" or " D"
 - (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 : requirement of the recruitment Rules for the post.
 - (j) Apart from waiver for employment : exchange/staff selection commission procedure what other relaxations 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 ground 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)

NO OBJECTION CERTIFICATE

1. Certified that I am the widow /legal NOK of Ex GS _____
Trade _____ Name _____ who died on _____
under the provision of Govt of India department of Pers OM No. 14014/6/86-
Estt (1) dated 30 Jun 87, no member of my family has been appointed
/nominated by me so far.
2. For the first time to avail above concession, I nominate Shri
_____ who is giving an undertaking to look after me and
my children financially for while of my life.

(Signature of the next of Kin)
Name and relationship with
deceased /med boarded out pers

Witness

Signature, Name
And Full address

UNDERTAKING BY THE NOMINEE

1. I, _____ Son/ daughter of Ex GS _____
Trade _____ Name _____ hereby declare
that in case am provided employment assistance. I will support the family of
the above named deceased person/medically boarded out person financially
and her /his family through her /his life failing which I will stand losing my
appointment/job if so offered under the provisions of Govt of India,
department of pers and ARs OM No. 14014/6/86/Estt (1) dated 30 Jun 1987.

Witness

Signature _____
Name and full address _____

Signature of the nominee
Name and relationship
with deceased /medically
boarded out person.

Countersigned

Certified that the above undertaking has been made and signed in my presence.

(Signature, name &
designation of the
Gazetted officer with Dated
office seal)

:

CERTIFICATE

1. This is to certify that Shri/Smt _____ is the legal heir of Late /Ex GS _____ Trade _____ Name _____ resident of Vill _____ PO _____ Tehsil _____ Distt _____ State _____ Pin Code _____.

2. Late /Ex GS No _____ Trade _____ Name _____ died while in service /medical boarded out with General Reserve Engineer Force, Ministry of Surface Transport Govt of India.

3. Family of the deceased /invalided out GREF pers consists of the following members who are wholly dependents of the deceased /medically boarded out Govt servants :-

Sl	Name	Age/Date of birth	Relationship with the Govt servant
----	------	-------------------	------------------------------------

- (a)
- (b)
- (c)
- (d)

4. There is no one from the above who is employed in Govt service except the following :-

- (a) _____
- (b) _____

5. The family has been living on the meager family pension sanctioned by Govt of India consequent of death /invalidation of Late / Ex GS _____ Trade _____ Name _____ and the family in hard pressed financially and find it difficult to manage survival.

6. The family of the deceased /medically boarded out Govt servant does not possess any immovable /movable property except the following :-

- (a) _____
- (b) _____

7. Source of income of the family of Late /Ex GS _____ Trade _____ Name _____ From _____ and is approximately Rs _____ per month with which they have maintained themselves from the date fo death /invalidation of the Govt servant till date.

8. Shri _____ son of the above Govt servant was below 18 years at the time of death of invalidation and the gone is available for employment on compassionate ground.

Date :
Place:

(Signature of Collector /
Tehsildar with his seal)

**CERTIFICATE TO BE SIGNED BY THE TEHSILDAR /COLLECTOR FOR
CONSIDERATION OF COMPASSIONATE APPOINTMENT**

Certified that Shri /Smt _____ is widow/
father /brother /sister of Ex GS _____ Trade
_____ Name _____ and his /her
monthly income is as per the following details :-

(a)	Basic family pension (Excluding DA & Allces)	:	Rs. _____
(b)	Monthly income from earning members	:	Rs _____
(c)	Monthly income from Movable /immovable property (As per latest market value in Rs.)	:	Rs _____
(d)	Total number of dependents	:	_____ Nos
(e)	Total number of unmarried	:	_____ Nos
(f)	Total number of minor children	:	_____ Nos

It is also certified that the family of the deceased comes * above /below the poverty line (In accordance with the planning commission amounting to the income below Rs 1767.20 (ie Rs 353.14x5) for a family of 5 members per month) and all benefits of below poverty line are being * extended /not extended to the family.

Note : * Score out which
Over is not
applicable.

Signature of Tehsildar /
Collector with office Seal