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)

<table>
<thead>
<tr>
<th>S/No</th>
<th>Name(s)</th>
<th>Relationship with the Government servant</th>
<th>Age</th>
<th>Address</th>
<th>Employed or not (if employed particulars of employment and emoluments)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
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<tr>
<td>5.</td>
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</tr>
</tbody>
</table>

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, my appointment may be terminated.

(Signature of the candidates)

Name :
Date :
Address :

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

Cont pg... 4
(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 fulfills 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)

Cont pg... 5..
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 )

Witness
Name and relationship with
deceased /med boarded out pers

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,

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 )

Cont pg... 6..
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 :-

<table>
<thead>
<tr>
<th>Sl</th>
<th>Name</th>
<th>Age/Date of birth</th>
<th>Relationship with the Govt servant</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(c)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 if 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 of 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 :         ( Signature of Collector /
Place:         Tehsildar with his seal )

Cont pg... 7..
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 :-

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>Basic family pension (Excluding DA &amp; Allces )</td>
<td>Rs. ____________</td>
</tr>
<tr>
<td>(b)</td>
<td>Monthly income from earning members</td>
<td>Rs ____________</td>
</tr>
<tr>
<td>(c)</td>
<td>Monthly income from Movable /immovable property (As per latest market value in Rs.)</td>
<td>Rs ____________</td>
</tr>
<tr>
<td>(d)</td>
<td>Total number of dependents</td>
<td>____________ Nos</td>
</tr>
<tr>
<td>(e)</td>
<td>Total number of unmarried</td>
<td>____________ Nos</td>
</tr>
<tr>
<td>(f)</td>
<td>Total number of minor children</td>
<td>____________ Nos</td>
</tr>
</tbody>
</table>

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