

**APPLICATION REQUESTING APPOINTMENT ON COMPASSIONATE GROUNDS**  
(To be filled by the candidate seeking appointment on compassionate grounds)

**I. PARTICULARS OF THE DECEASED EMPLOYEE:**

|    |  |  |
|----|--|--|
| a) | Name of the ex-employee                                  |  |
| b) | Whether belongs SC/ST/OBC/UR                             |  |
| c) | Department, Designation & Station                        |  |
| d) | Scale of pay & basic pay                                 |  |
| e) | Date of birth  |  |
| f) | Date of appointment                                      |  |
| g) | Date of death/Medical Unfitness/Medical Decategorisation |  |
| h) | Cause of death/Medical Unfitness                         |  |
| i) | Age at the time of death/Medical Unfitness               |  |
| j) | Total length of service                                  |  |
| k) | PPO Number and date                                      |  |

**II. DETAILS OF THE CANDIDATE SEEKING APPOINTMENT ON COMPASSIONATE GROUNDS**

1. Name of the candidate :
2. Date of birth :
3. Whether belongs to SC/ST/OBC/UR :
4. Educational Qualification :
5. Identification Marks : (i)  
(ii)
6. Address for correspondence :  
(& Telephone No. with STD Code)

Recent passport size photo to be fixed and signed by the candidate

Signature of the candidate

**DECLARATION**

(To be furnished by the candidate only)

I, \_\_\_\_\_, do hereby declare and state that I have applied, vide my application \_\_\_\_\_ for appointment on compassionate grounds in Group \_\_\_\_\_ services and that I confirm that no other dependent in the family of the said ex-employee has so far been appointed in any capacity in the Railways on compassionate grounds. This being the first application, I request that I may kindly be appointed on compassionate grounds.

I also declare that the school/college certificates produced by me are genuine and have been obtained from the school/college where I have studied I declare that I am unemployed and not working anywhere.

I am aware that in case of my declaration being found false at any time in future, I am liable to be terminated from the Railway service, forthwith, without assigning any reason.

Place :

Date :

Signature of the candidate

Witnesses (Railway Employees only):

|                       |  |                       |  |
|-----------------------|--|-----------------------|--|
| Signature             |  | Signature             |  |
| Name                  |  | Name                  |  |
| Designation & Station |  | Designation & Station |  |

**CERTIFICATE**

(Certificate from a Gazetted Officer)

I, \_\_\_\_\_, (Designation) \_\_\_\_\_ (Station) \_\_\_\_\_, do hereby declare and certify that I know the family of (Late) Shri \_\_\_\_\_, intimately for the past \_\_\_\_\_ years.

I also certify that the Widow/Son/Daughter of (Late) Shri \_\_\_\_\_, whose photograph is affixed hereunder has been attested to the best of my knowledge and belief, none in the family has been appointed in Railways on compassionate grounds so far.

The family of (Late) Shri \_\_\_\_\_ is presently residing at \_\_\_\_\_

Place

Signature :

Date

Name :

Designation/Station :  
(With Seal)

Recent passport size photo of the candidate should be pasted here and signed by the Gazetted officer

**ANNEXURE-C**

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

| Sl.No. | Name (s) | Relationship with the Govt. Servant | Age | Address | Employed or not (if employed, particulars of employment & emoluments) |
|--------|----------|-------------------------------------|-----|---------|---|
| 1.     |          |                                     |     |         |   |
| 2.     |          |                                     |     |         |   |
| 3.     |          |                                     |     |         |   |
| 4.     |          |                                     |     |         |   |
| 5.     |          |                                     |     |         |   |
| 6.     |          |                                     |     |         |   |

II. **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 have been dependent (details given above) on Railway Servant mentioned against I (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, further during the period of their dependency, my appointment may be terminated.

Date:

Signature of the Candidate:

Name:

Address:

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

Signature of the Personnel Inspector:

Name:

Address:

Date:

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**DECLARATION**

(By the applicant and the candidate)

I, Smt \_\_\_\_\_, aged about \_\_\_\_\_ years, W/o (late) \_\_\_\_\_, who expired on \_\_\_\_\_, do hereby declare that I was married to Shri \_\_\_\_\_ and I am the only surviving widow and legal heir of the deceased. I have not re-married. I confirm that no other dependent in my family has been appointed in any capacity in Railways on compassionate grounds against the death of my husband.

I, declare that the School/College certificates produced for appointment on compassionate grounds by my son/daughter \_\_\_\_\_ are genuine and has been obtained from the school/college where he/she has actually studied. I also declare that my husband was not removed/dissmised /resigned/voluntarily retired/compulsorily retired from the Railway service before his death. I also declare that I shall not change the request for compassionate appointment at a later date.

Place:

Signature of the Applicant (Widow):

Date:

Name:

W/o (L):

**DECLARATION FROM THE CANDIDATE**

I \_\_\_\_\_ S/o.(Late)\_\_\_\_\_ hereby  
Declare that, I have the qualification of \_\_\_\_\_ and I prefer to  
accept Erst-while Group – D/Group – C post in NTPC/Artisan/JE categories as per my Educational and  
Technical Qualification.

I hereby also declare that, I am submitting this declaration with full knowledge of my  
consciousness, without owing to anybody's pressure nor influence. I submit my unprecedented  
acceptance for the post offered to me as per my declaration and suitability and I would not change my  
preferences at a later stage.

Signature :

Name of the Candidate :

Date:

Hubli

**DECLARATION FROM WIDOW REGARDING FINANCIAL LIABILITIES**

I, Smt \_\_\_\_\_ W/o. (L) \_\_\_\_\_ hereby submit the following declaration for the financial liabilities on me consequent to the death of my husband.

The following are the Loan amounts availed by my late husband from various sources.

- 1.
- 2.
- 3.
- 4.

I have cleared/will clear the said loan liabilities from the settlement dues and I do not have any movable/immovable property on my name or in the name of my family members except my household items.

I hereby declare that, I and my family members are solely depending on the family pension of my husband for our livelihood.

I hereby also declare that, I am the only legally wedded wife of my late Husband and I am not remarried after the death of my husband.

The above declaration is correct to the best of knowledge and consciousness and I am award of the consequences of any false declaration submitted by me.

Date: \_\_\_\_\_ Signature \_\_\_\_\_ :

Hubli \_\_\_\_\_ Name of the widow \_\_\_\_\_ :

From

Date:

**DECLARATION**

Consequent on death of my husband \_\_\_\_\_ ex.  
Designation/station \_\_\_\_\_ expired/medically  
unfit/medically decategorised on \_\_\_\_\_, I have submitted an application dated  
\_\_\_\_\_ for compassionate grounds appointment in my favour/in favour of my son/daughter  
\_\_\_\_\_

In this connection, I declare herein as under:

1. That whatever I have stated in my application is true and correct to the best of my knowledge and I have not suppressed any material facts.
2. Following are the details of immoveable properties of my family.

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3. Details of moveable property including insurance amounts received on the death of my husband, various deposits, etc.,

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4. Details of liabilities of deceased employees:

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I, further declare that the above facts are true and correct to the best of my knowledge and belief and I have not suppressed any material facts to gain undue advantage of securing compassionate grounds appointment. I case at a later date my statement found false, I am liable for any punitive action for false declaration as deemed fit in circumstances of the case including action for termination of service, if given on compassionate grounds account without notice.

Signature of the candidate:

Signature of the Applicant

- Witnesses:
- 1.
  - 2.