

**APPLICATION REQUESTING APPOINTMENT ON COMPASSIONATE GROUNDS**

(To be filled in by the widow/widower of the deceased employee)

**1) Particulars of the deceased employee**

- a) Name of the deceased employee .....
- b) Designation, department & station .....
- c) Community .....
- d) Date of Birth .....
- e) date of appointment .....
- f) Date of Death .....
- g) Age at the time of demise .....
- h) Cause of demise .....

**2) Family Composition and details of occupation**

Sl. No	Name	Relationship	Age at the time of event	Date of Birth	Occupation	Remarks

Contd- 2

**3) Details of claim for appointment on compassionate grounds**

a) In case of widow apply for appointment for herself immediately after the event. Please furnish the following details

i) Name of the applicant .....

ii) Date of application .....

( Application to be attached)

iii) Date of birth .....

iv) Educational Qualification .....

( Proof attached)

v) If illiterate original sworn affidavit

Should be produced .....

**b) If the request is for the ward, following details to be furnished**

i) Applicant's Name .....

ii) Date of Birth .....

iii) Educational qualification / Technical Qualification. (proof to be attached)-----

iv) Is willingness taken from elder sons /elder daughters obtained and attached :

v) Is bread winner certificate is attached :

These should be attested in case the appointment is sought for ward other than first son/daughter

**c) If the request is for eldest ward who is minor, the following details to be furnished.**

**i) Applicants name** .....

**ii) Date of first application for appointment his/her favour** .....

**iii) Date of Birth** .....

**iv) Date of attaining majority**

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**v) Date of application submitted after  
Attaining majority of the first child**

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**Signature of the applicant**

**Signature of the widow**

No V/P.

Divisional Office  
Personnel Branch  
New Delhi  
Dt.

Date of receipt

**Sr.Divisional Personnel Officer**

**Sri/Smt.....**

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**ANNEXURE-A**

**DECLARATION  
(To be furnished by the candidate only)**

I,.....son of/daughter of /wife of late Shri.....hereby declare and state that I have applied vide my application dated.....for appointment on compassionate ground in Group- 'C'/Group' D' service and that I confirm that no other dependent in the family of the said deceased 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 also 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 forthwith without assigning any reason from the Railway service.

**Signature:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Witness:**

**Signature** : \_\_\_\_\_  
**Name** : \_\_\_\_\_  
**Desgn & Stn** : \_\_\_\_\_

**Signature** : \_\_\_\_\_  
**Name** : \_\_\_\_\_  
**Desgn&Stn** : \_\_\_\_\_

***CERTIFICATE***  
**(Certificate from Gazetted Officer)**

I, ..... do hereby declare and certify that I know the family of late Shri/Smt..... intimately for the past.....years. I also certify that Shri/Smt..... is the wife /husband/son/daughter of late Shri/Smt.....whose photograph affixed duly attested hereunder. To my knowledge none in the family has been appointed in Railways on compassionate grounds so far.

The family of (late) Shri/Smt .....is presently residing at.....

Photograph of the candidate (To be attested by a Gazetted Officer)
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**CERTIFICATE**

(TO BE FURNISHED BY THE CANDIDATE OTHER THAN THE WIDOW)

I understand that I am being considered for appointment in Railways on compassionate grounds on account of the death of my.....(relationship) late Shri/Smt.....(deceased employee).

I .....(Name of the candidate) .....(relationship) of late Shri/Smt..... (Deceased employee) do hereby promise that I will look after the dependents of the deceased employee and shall act as a bread-winner of the family. I am also aware that my service shall be liable to be terminated if I fail to do so.

Place :

Signature of the candidate.

Date :

Witness

Name : .....

Address : .....

.....

.....

Signature :

Name : .....

Address : .....

.....

.....

ANNEXURE-D

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 Government servant	Age	Address	Employed or not (if employed particulars of employment and emoluments)
(1)	(2)	(3)	(4)	(5)	(6)
1					
2					
3					
4					
5					

II

**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 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

Date:

Signature of the Welfare officer:

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

Stn.: \_\_\_\_\_

**Particulars pertaining to the ward/widow/dependent applied for appointment on compassionate grounds**

- 1) Name -----
- 2) Deceased employee's Name,  
Designation & Station -----
- 3) Date of death -----
- 4) Relationship to the deceased -----
- 5) Age & date of Birth -----
- 7) Whether Group of post applied  
for is Gr.'C' or Gr.'D' -----
- 8) Community & Cast -----
- 9) Present postal address -----
- 10) signature of the applicant -----

Witness

	Name	Design/Station	Signature
1	-----	-----	-----
2	-----	-----	-----
3	-----	-----	-----

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Latest passport size  
photo is to be  
affixed and attested

**IDENTIFICATION CERTIFICATE**

This is to certify that Shri/Smt/Km. ....  
Son/Daughter/Wife of (late)Shri/Smt.....a resident of  
..... is  
known to me. She/He has applied for appointment on compassionate Grounds  
in Gr.'C'/'D' post in ..... Railway ..... Division. The photo  
affixed by the partyduly attested by me. His specimen signature was obtained  
before me.

Specimen Signature of the applicant:

**Attested ( By Gazetted Officer )**