

Annexure-I

**ADDITIONAL DETAILS TO BE SUBMITTED BY THE APPLICANT FOR
COMPASSIONATE APPOINTMENT**

Sl. No.	Particulars	Details to be filled up by applicant
1	Employment status of widow of deceased employee.	
2.	Name of Family Pensioner & relation with deceased employee.	
3.	Whether Applicant/dependent family member is physically handicapped or some other medical issues.	
4.	Details of other earning or employed members in the family. (Attach separate sheet if space is less)	
5.	Date of receipt of initial/first application/request of each applicant in the Institute and date of forwarding of the same to Council.	
6.	Whether the applicant belongs to SC/ST/OBC category?	
7.	Undertaking from the applicant for supporting the family.	
8.	Some of the cases are 10-15 years old. How these families survived during all these years.	
9.	Mobile number and e-mail ID of applicant.	
10.	Number of dependents i.e. Mother or Father, Spouse (wife), children etc. (complete family details in the attached format: Appendix-A).	Details to be filled up in Appendix-A (attached)

Counter Signature of Widow

(Applicant's Signature)

Signature of Incharge

APPENDIX-A (Sample Sheet only)

Details of Family Members

Sl. No.	Name	Relationship with deceased employee	Date of Birth (As per Aadhaar Card)	Married or un-married	Whether employed or not and monthly salary /income.	Whether living together or separately
1.	Sh. FFFFFFF	Father	20.05.1941	N. A.		
2.	Mrs. MMMM	Mother	16.06.1945	N. A.		
3.	Mrs. WWWW	Wife	25.02.1966		House-wife/ employed	
4.	Sh. SSSSS	Son	15.02.1992	Married	Employed. Rs. 25000/- per month.	
5.	Ms. DDDDD	Daughter	25.03.1994	Married		
6.	Sh. BBBBB	Son	20.09.1998	Un-married	Un-employed	
7.	Ms. VVVVV	Daughter	28..8.2002	Un-married	Studying in BA Final	
8.	Mrs. NNNN	Daughter	11.06.1990	Divorced/ Widow		

1. Details of Mother/Father of deceased employee may also be given in above table (provided they were dependent on deceased employee and are residing with the family of deceased employee.
2. Particulars of divorced/widow daughter should also be filled in the table where ever applicable.

Counter Signature of Widow

(Applicant's Signature)

Signature of Incharge