

APPOINTMENT ON COMPASSIONATE GROUNDS – DEATH CASES S&WI's REPORT

Name of the candidate		Sex	
Relationship to the deceased		Qualification	

Name of the Applicant	
Relationship	
Postal Address	

Name of the deceased					
Designation & Station					
Staff No.		P.F.No.		Rate of Pay	
Date of Birth		Date of Appt.		Community	
Date of Death		Cause of Death			

IV. Settlement Dues:

P.F.		D.C.R.G.		SSS	
GIS		CELS		WCA	
Family Pension			Rs.	+ Relief for 7 years	
Family Pension			Rs.	+ Relief afterwards	

V. Family Composition:

Sl. No.	Name	Relation	Age/D.O.B.	Edu.QIn.	Present Employment	Married/ Unmarried

VI. Whether any of the dependents have already been appointed on compassionate ground. If so, details there of.

VIII. General Remarks: It is hereby certified that no other family member mentioned above was granted appointment on compassionate grounds.

Date:

**Signature of S&WI:
Name:**

1. PARTICULARS OF THE DECEASED EMPLOYEE:

a	Name of the deceased employee	
b	Designation/Station/Department	
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 S/Shri/Smt/Ms	Relation ship	Age at the time of event	Date of Birth	Occupation	Remarks
1						
2						
3						
4						
5						
6						
7						

3. DETAILS OF CLAIM FOR APPOINTMENT ON COMPASSIONATE GROUND:

- a) In case 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 to be attached)	
v)	If illiterate, Original sworn affidavit should be produced	

Date:

**Signature of S&WI:
Name:**

B (i)	Applicant 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 (should be attached in case the appointment is sought for wards other than first Son/Daughter)	
(v)	Is Bread Winner's Certificate obtained from candidate & attached	

C. If the request is for eldest ward who is minor, the following details to be furnished:

i)	Applicant Name	
ii)	Date of first application for appointment in his/her favour	
iii)	Date of Birth	
iv)	Date of attaining majority	
v)	Date of application submitted after obtaining majority of the first child	

Signature of the applicant

Signature of the Widow.

:3:

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/Shir.	Relation ship with the deceased	Age	Address	Employment details of employed
1	2	3	4	5	6

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) on Railway servant mentioned against Para I of this letter and in the case it is proved at any time that the said family member are being neglected or not being properly maintained by me, further during the period of their dependency my appointment may be terminated.

Dated:

Signature:

Name:

Address:

I have verified that the facts mentioned above named candidate and are found correct. I hereby certify that the candidate is residing with other dependent family members of the deceased Railway employee.

Signature of the Welfare Inspector

Name :

Designation :
and Station

**PROFORMA FOR FURNISHING S&WI's REPORT IN RESPECT OF
COMPASSIONATE APPOINTMENT CASES**

I) Details of the ex-employee:

1	Name	
2	Date of Birth	
3	Date of Appointment	
4	Community	
5	Date of Death	
6	Post & Grade held at the Time of death/medical unfitness	
7	Nature of Death	
	(a) Arising out of Railway accident in the course of employment	
	(b) Arising out of railway/other accidents while of duty.	
	(c) Due to natural causes	
8	Date of medical decategorisation/ total unfitness	
	(a) Medical certificate No.& date	
	(b) Date of termination of service (Copy of O.O. to be enclosed)	

II) Details of the family members of the Ex-Employee:

Sl. No.	Name	Relatio nship	Age/DOB	Edul.Qlfn	Martial Status	Employment particulars

Note: Indicate how many children were actually dependent on the deceased/medically decategorised / totally incapacitated employee.

: 2 :

II (a)	Are there other any claimants for Appointment other than members included in the FCC (i.e.) another widow, children of the deceased wife etc.	
(b)	Whether details of the family members given above tally with FCC furnished for settlement purposes, if not variation to be explained	

III) Details of settlement dues/pension:

P.F.	Rs.
DCRG	Rs.
GIS	Rs.
SSS	Rs.
Leave Salary	Rs.
Compensation under WCA (wherever Applicable)	Rs.
Pension:-EFP	Rs.
:-OFP	Rs.

IV) Details of the candidate in whose favour CGA is sought for:-

1	Name	
2	D.O.B.	
3	Educational Qualification	
4	Community	
5	Date of application of the Ex-employee/widow for CGA	
6	Reasons for belated submission of application	

V	Present financial position of the family (indicating movable/immovable property and the details of any other source of income, duly obtaining a declaration to this effect.	
VI. (a)	Genuineness of the claim for CGA by the widow/candidate. (Enquiry to be made from the neighbors and report to be enclosed)	
(b)	Genuineness of educational certificates (Genuineness to be verified from the concerned educational institution duly obtaining a letter to this effect from the Principal/Headmaster – Copy to be enclosed)	

VII) In cases of appointment to the dependents of employees dying as bachelors/spinsters:-

1	Whether the candidate was shown as dependant in the family composition for availing passes	
2	Whether the deceased employee was shown as Head of the family in the Ration card	
3	Whether the candidate's name finds a place in the Ration Card	
4	Whether the parents of the deceased employee are alive and if so, the details of their income	
5	Dependency of the candidate on his deceased brother/sister (A detailed report to be given by investigating the circumstances).	

Date:

Signature of S&WI:
Name:

VIII.) In cases of Appointment to the spouse/wards of missing employees:-

1	Date from the which the employee has been missing	
2	Whether an FIR has been filed by the family. If so, date of FIR (Copy to be enclosed)	
3	Whether the missing employee was declared as 'Not traceable'. If so, date of report. (Copy to be enclosed)	
4	Whether the genuineness of FIR and 'Not Traceable' Report has been verified from the concerned Police Station.	
5 (a)	Whether the missing employee was taken up under DAR for unauthorized absence.	
(b)	If so, whether he has imposed with the penalty of removal (copy of penalty Advice to be enclosed)	
(c)	If so, whether the penalty of removal was annulled by the Competent Authority on receipt of 'FIR' and 'Not Traceable Report'. (Copy of annulment order to be enclosed).	

IX. In cases of Appointment to married daughters:-

a)	Physical fitness of the widow to take up job for herself	
b)	Reasons for the widow's inability to take up job for herself, if any	
c)	Whether a declaration has been obtained from the married daughter to the effect that she would look after the widow and her family after appointment	

Date:

**Signature of S&WI:
Name:**

IX. In cases of Appointment to Adopted Children:-

d)	Whether the ex-employee was married or a bachelor	
e)	If married, whether he has a son/daughter apart from the adopted son.	
f)	Whether there is an Adoption Deed, if so, whether it has been registered (date of Adoption Deed and Date of registration should be indicated duly enclosing copy of the Adoption Deed)	
g)	Whether the ex-employee has informed the Administration that he has adopted the Son/Daughter has been included in the family composition for availing passes	
h)	Whether the candidate (i.e.) Adopted Son/Daughter has indicated his/her Adoptive father's name in the School/Community certificates.	



Date:

**Signature of S&WI
Name:**

Particulars pertaining to the Ward/Widow/Dependent applied for appointment on Compassionate Grounds

1	Name	
2	Deceased Employee's Name and Designation	
3	Relationship to the deceased	
4	Age and Date of Birth	
5	Identification Marks	1. 2.
6	Educational/Tech. Qualification at the time of - Submission of CGA application / attaining majority	
7	Whether group of post applied for Group 'C or Group 'D'	
8	Community and Caste	
9	Present postal address	
10	Phone No:	

Signature of the Applicant

Witness:

Designation:

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

IDENTIFICATION CERTIFICATE

This is to certify that S/Shri/Kum.....
 Son/Daughter/Wife of (late)S/Shri.....
 Residence of.....

.....
 is known to me. He/She has applied for appointment on compassionate grounds in Gr.'C'/'D' post in Southern Railway. The photo affixed by the party duly attested by me. His specimen signature was obtained before me.

<p>Latest Passport Size Photograph to be affixed and attested by a Railway Gazetted Officer</p>
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Specimen Signature

Signature:
 Designation:
 &Office seal: