

Scrutiny Sheet

(Annexed to Circular under No : 614- 1 M -192/ 17 dt. 13.12.19 of P.W.D.(W) reg. Compassionate Appointment)

Name of applicant ----- of Late -----

Sl. No.	Documents forwarded	Comments
1.	i) Authenticated copy of Death Certificate (if applicable) , ii) Authenticated copy of FIR and Report from Police Authority regarding non-traceability (if applicable) . iii) Authenticated copy of certificate of Govt. Medical Board declaring permanently incapacitated (if applicable) .	Yes <input type="checkbox"/> No. <input type="checkbox"/> N/a <input type="checkbox"/>
2.	i) Authenticated copy of Service Regularization Order (if applicable) . ii) Authenticated copy of Appointment / Confirmation Order (if applicable) .	Yes <input type="checkbox"/> No. <input type="checkbox"/> N/a <input type="checkbox"/>
3.	Attested copy of Marriage Certificate/Original Affidavit mentioning date of marriage, if applicant is married daughter/sister .	Yes <input type="checkbox"/> No. <input type="checkbox"/> N/a <input type="checkbox"/>
4	Authenticated copy of Court Order of Divorce , if the applicant is Divorcee .	Yes <input type="checkbox"/> No. <input type="checkbox"/> N/a <input type="checkbox"/>
5	Authenticated copy of Deed of Adoption (if applicable)	Yes <input type="checkbox"/> No. <input type="checkbox"/> N/a <input type="checkbox"/>
6	Original copy of application in plain paper with <u>date of submission and date of receiving</u> .	Yes <input type="checkbox"/> No. <input type="checkbox"/> N/a <input type="checkbox"/>
7	Original copy of completely filled in application in prescribed proforma with <u>date of submission</u> and recommendation.	Yes <input type="checkbox"/> No. <input type="checkbox"/> N/a <input type="checkbox"/>
8	Authenticated copy of birth certificate of the candidate .	Yes <input type="checkbox"/> No. <input type="checkbox"/> N/a <input type="checkbox"/>
9	Authenticated copy of educational qualification certificate of the candidate .	Yes <input type="checkbox"/> No. <input type="checkbox"/> N/a <input type="checkbox"/>
10	Authenticated copy of Voter Card of the candidate.	Yes <input type="checkbox"/> No. <input type="checkbox"/> N/a <input type="checkbox"/>
11	Authenticated copy of Aadhar Card of the candidate.	Yes <input type="checkbox"/> No. <input type="checkbox"/> N/a <input type="checkbox"/>
12	Authenticated copy of ST/SC Certificate of the candidate (if applicable) .	Yes <input type="checkbox"/> No. <input type="checkbox"/> N/a <input type="checkbox"/>
13	Original affidavit regarding employment status of the candidate	Yes <input type="checkbox"/> No. <input type="checkbox"/> N/a <input type="checkbox"/>
14	Original affidavit regarding income status of other family members .	Yes <input type="checkbox"/> No. <input type="checkbox"/> N/a <input type="checkbox"/>
15	Original affidavit regarding income from movable and immovable property of the family .	Yes <input type="checkbox"/> No. <input type="checkbox"/> N/a <input type="checkbox"/>
16	Original Affidavit regarding Legal Heirs / attested copy of Legal Heir Certificate .	Yes <input type="checkbox"/> No. <input type="checkbox"/> N/a <input type="checkbox"/>
17	Original affidavit regarding N.O.C of other legal heirs .	Yes <input type="checkbox"/> No. <input type="checkbox"/> N/a <input type="checkbox"/>
18	Original Report (in separate sheet) of three men Enquiry Committee <u>singed by three members</u> of the committee .	Yes <input type="checkbox"/> No. <input type="checkbox"/> N/a <input type="checkbox"/>
19	Original and signed Calculation Sheet in separate sheet (monthly pension to be shown with break up)	Yes <input type="checkbox"/> No. <input type="checkbox"/> N/a <input type="checkbox"/>
20	Other (if any)	Yes <input type="checkbox"/> No. <input type="checkbox"/> N/a <input type="checkbox"/>

N.B. : The concerned authority is requested to forward the application(s) to the office of J. S. , P.W.D. (W) with a copy of Scrutiny Sheet duly filling up the "Comments" column of the same .

Shiv
13.12.19