(Re. Labour Department Notification No.251-Emp. dated, Kolkata the 3rd December, 2013)

 ANNEXURE-A

PROFORMA REGARDING EMPLOYMENT OF DEPENDANTS

OF GOVT. EMPLOYEES DYING WHILE IN SERVICE

Part I
(To be filled in by the Applicant)

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | (a)Name of the deceased employee | : | LATE SATRUGHNA MAHALI |
|  | (b) Designation of the ex-employee | : | WORK ASSISTANT |
|  | (c) Name of the office with address | : | PASCHIM MEDINIPUR ELECTRICAL DIVISION, P.W.DTE, PWD COMPOUND, MIDNAPORE, PASCHIM MEDINIPUR, PIN -721101. |
|  | (d) Date of birth of the deceased | : | 03-02-1963 |
|  | (e) Date of death of the deceased (Attested copy of death certificate to be enclosed) | : | 01-10-2019 |
|  | (f) Date of joining the Govt. service: | : | 25-09-1998(F.N) |
|  | (g) Total length of service rendered | : | 21 YEAR 0 MONTH 6 DAYS |
|  | (h) Whether belonging to the SC/ST/BC (Attested copy of certificate to be enclosed | : | S.T |
|  | (i) Monthly salary drawn by the deceased in the last month- Total emoluments ( Pay & other allowances )  | : | Band Pay: 13780.00Grade Pay: 3200.00HRA: 2547.00D.A : 21225.00M.A : 300.00 | Total: 41052.00 |
| 2. | (a) Name of the candidate praying for appointment on compassionate ground | : | LAKSHIMANI MAHALI |
|  | (b) His/ Her relationship with the ex-employee  | : | SPOUSE |
|  | (c) Date of birth of the applicant | : | 07-05-1984 |
|  | (d) Education Qualifications | : |  Class VIII  |
|  | (e) Whether fully dependent on the ex-employee | : | YES |
|  | (f) Whether any other dependent has been appointed on compassionate ground | : | NO |
|  | (g) Particulars of Employment Exchange Card (if registered) | : | N.A |
|  | (h) Whether received any financial assistance under any Self Employement Scheme such as SESRU, SEP, etc. | : | NIL |
|  | (i) Two passport size photographs of the candidate duly authenticated by the competent authority, (one of which to be affixed on the space marked) | : |  |

Part II
(To be filled in by the Applicant)

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Particulars of total assets left (owned / receive / entitled to)  | : | N.A |
|  | (a) | Family Pension: NIL Basic: NIL Total: NIL as on: 04-12-2019 |
|  | (b) | (i) | Death gratuity | : | NIL |
|  |  | (ii) | G.P.F Balance | : | NIL |
|  |  | (iii) | Group Insurance | : | NIL |
|  |  | (iv) | Encashment of Leave | : | NIL |
|  |  | (v) | L.I Policies ( including P.L.I) | : |  |
|  |  | (vi) | Movable and immovable properties and annual income therefrom by the family | : | NIL |
|  |  | (vii) | Any other assets | : | NIL |
| 2. | Brief particulars of Liabilities, if any ( Documentary evidence to be enclosed) | : | NO |
| 3. | Particulars of all dependents of the deceased: |  |  |
| Sl No(1) | Name(2) | Age(3) | Education Qualification(4) | Relationship with the deceased(5) | Living separately or with the family(6) |
| 1. | SABNAM MAHALI | 18 yr | 12th | Daughter | with the family |
| 2. | SWAPNA MAHALI | 14 yr | 9th | Daughter | with the family |
| 3. | SUSAMA MAHALI | 12yr | 7th | Daughter | with the family |
| 4. | SURAJIT MAHALI | 9yr | 2nd | Son | with the family |
| Marital Status(7) | Particulars of occupation/employment(if already employed)(8) | Gross Salary(if employed)(9) |
| Unmarried | NIL | N.A |
| Unmarried | NIL | N.A |
| Unmarried | NIL | N.A |
| Unmarried | NIL | N.A |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

1. Signature/L.T.I. of the other dependents of the family giving the "No Objection" in favor of this application for employment on compassionate grounds:

(i)

(ii)

(iii)

(iv)

DECLARATION

I do hereby declare that particulars given by me above are correct. If any of the particulars mentioned are found to be incorrect or false at a future date, my services may be terminated.

|  |  |
| --- | --- |
| Date: 04-12-2019Address of the Candidate: Vill-Goopalpur,PO- Belatikri,Lalgarh, Jhargram, 721504. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of the Candidate |

Shri/Smt.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is known to me and the particulars mentioned are correct.

|  |  |
| --- | --- |
| Date:Office Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of a permanent Govt. employee of thesame office |
| Designation: |

Part III
(To be filled in by the office)

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Report of Enquiry Committee regarding particulars furnished by the applicant in Part -I & Part-II of the Proforma | :  | Report of enquiry committee enclosed in separate sheet |
| 2. | Comments of Controlling Officer | : |  |
| Part IV |
| 1. | (a) | Name of the deceased | : |  |
|  | (b) | Designation | : |  |
|  | (c) | Total emoluments last drawn ( Pay & Allowances) | : | As on 01.01.2014 |
| 2. | (a) | Name of the Candidate | : |  |
|  | (b) | His/ Her relation with the deceased |  |  |
| 3. | (a) | Family Pension Basic | : |  Total: as on 02.01.2014 |
|  | (b) | Amounts received/ entitled to receive from Govt. as death benefits including other (in total) | : |  |
|  | (c) | Amounts received/ entitled to receive from other sources such a L.I Policies/P.L.I/Personal Savings etc. | : | NIL |
|  | (d) | Movable and immovable properties and annual income earned therefrom by the family. | : | Monthly Income Rs 3000.00 |
| 4. | (a) | Educational Qualification of the candidate | : |  |
|  | (b) | Date of birth | : |  |
|  | (c) | Whether S.C/ S.T/B.C | : | No |
|  | (d) | Post for which employment is proposed | : | Group D |
|  | (e) | Is the vacancy reserved for E.C ? | : | Yes |
|  | (f) | Whether the post reserved for S.C/ S.T/B.C | : | No |
|  | (g) | Is the post supposed to be filled up by promotion or by direct recruitment through the P.S.C? | : | No |
|  | (h) | Whether the candidate fulfils the requirements of the Recruitment Rules for the post | : | Yes |
|  | (i) | Is any relaxation of rule etc. required? | : | No |
|  | (j) | Have the particulars mentioned in Par I, Part II and Part III and above verified by the office ? If so indicate the reports | : | Yes |
|  | (k) | Decision of the appointing authority | : |  |
| Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of the Appointing Authority |
|  |