

ICAR-NATIONAL BUREAU OF SOIL SURVEY AND LAND USE PLANNING
AMRAVATI ROAD: NAGPUR-440033

Phone: (0712) 2500545,2500664,2500226: Telefax: 91-0712-2500534 : Email: director.nbsslup@icar.gov.in

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सेवा में

विषय अनुकम्पा के आधार पर नियुक्ति बाबत।

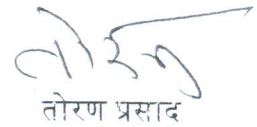
संदर्भ अनुकम्पा के आधार पर नियुक्ति हेतु आपका आवेदन दिनांक

उपरोक्त विषय पर संदर्भित प्रार्थना-पत्र के संबन्ध में सूचित किया जाता है कि आपके द्वारा प्रस्तुत आवेदन नये (समुचित) प्रारूप में या अपडेटेड सूचनाओं के साथ नहीं है।

2. अतः अनुकम्पा के आधार पर नियुक्ति पाने के लिये आवेदन करने हेतु निर्धारित (समुचित) प्रति इस पत्र के साथ संलग्न कर प्रेषित किया जा रहा है जिसे इस पत्र की प्राप्ति के 30 दिनों की अवधि के भीतर इस पत्र के साथ संलग्न प्रारूप में उपरोक्त विषय पर अपना आवेदन अपडेटेड सूचनाओं के साथ मय दस्तावेजों के पुनः प्रस्तुत करें। आवेदन के साथ रुपये 10/- का शपथ पत्र भी संलग्न करें जिसमें आपके द्वारा आवेदन में भरी गई सभी सूचना का सत्यापन हो। यह भी सूचित किया जाता है कि, केवल कुछ विशेष परिस्थितियों, जैसे कि; मूल आवेदक के मृत्यु हो जाने, मूल आवेदक के मेडिकली अनफिट हो जाने, आदि, को छोड़ कर, इस पत्र के संदर्भ में दिए जाने वाले आवेदन में आवेदक का नाम नहीं बदला जा सकता है अर्थात् पहले जिस डिपेंडेंट ने अनुकम्पा आधार पर नियुक्ति के लिए आवेदन दिया था नए आवेदन में भी वही आवेदक रहेंगे।

3. यह भी सूचित रहे कि केवल उपरोक्त दी गई समय अवधि में पुनः नये प्रारूप में अपडेटेड सूचनाओं के साथ अनुकम्पा के आधार पर नियुक्ति हेतु प्राप्त होने वाले आवेदनों पर ही विचार किया जायेगा, शेष प्रार्थियों के लिये समझा जायेगा कि वह अनुकम्पा के आधार पर नियुक्ति पाने के लिये इच्छुक नहीं हैं तदनुसार उनके नाम पर कोई विचार नहीं किया जाएगा।

4. यह पत्र सक्षम अधिकारी की अनुमति से जारी किया जा रहा है।


तोरण प्रसाद

संलग्न: उपरोक्तानुसार।

सहायक प्रशासनिक अधिकारी

In case of any query or doubt you may contact Shri N.C. Khandare, Chief Technical Officer & Welfare Officer, ICAR-NBSS&LUP, Nagpur.

Contact No: 9975766482

Email Id: Nandu.Khandare@icar.gov.in

ANNEXURE

PROFORMA REGARDING EMPLOYMENT OF DEPENDENTS OF GOVERNMENT
SERVANTS DYING WHILE IN SERVICE/RETIRED ON INVALID PENSION

PART- A

- I. (a) Name of the Government servant
(Deceased/retired on medical grounds). _____
- (b) Designation of the Government
Servant. _____
- (c) Whether it is MTS (erstwhile
Group 'D') or not? _____
- (d) Date of birth of the Government
Servant. _____
- (e) Date of death/retirement on
medical grounds. _____
- (f) Total length of Service
rendered. _____
- (g) Whether permanent or temporary. _____
- (h) Whether belonging to SC/ST/OBC. _____
- II. (a) Name of the candidate for
appointment. _____
- (b) His/Her relationship with the
Government servant. _____
- (c) Date of birth. _____
- (d) Educational Qualifications. _____
- (e) Whether any other dependent family
member has been appointed on
compassionate grounds. _____

III. Particulars of total assets left including amount of

(a) Family Pension

(b) D.C.R. Gratuity

(c) G.P.F. Balance

(d) Life Insurance Policies (including Postal Life Insurance)

(e) Moveable and Immovable properties and annual income earned therefrom by the family.

(f) C.G.E. Insurance amount

(g) Encashment of leave

(h) Any other assets.

Total

(IV). Brief particular of liabilities if any.

V. Particulars of all dependent family Members of the Government servant (if some are employed, their income and whether they are living together Or separately).

S.No.	Name(s)	Relationship with Govt. servant	Age	Address	Employed or not if employed particulars of employment and emoluments)
(1)	(2)	(3)	(4)	(5)	(6)

1.

2.

3.

4.

5.

VI.

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 were dependent on the Government servant/member of the Armed Forces mentioned against 1(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, my appointment may be terminated.

Date:

Signature of the candidate

Name:- _____

Address:- _____

Shri/Smt/Kum _____ is known
to and the facts mentioned by him/her are correct.

Date:

Signature of permanent
Government servant.

Name: _____

Address:- _____

I have verified that the facts mentioned above by the candidate are correct.

Date:

Signature of permanent
Government servant.

Name: _____

Address:- _____

PART-B

(TO BE FILLED IN BY OFFICE IN WHICH EMPLOYMENT IS PROPOSED)

- I. (a) Name of the candidate for Appointment. _____
- (b) His/Her relationship with the Government servant. _____
- (c) Age (date of birth), educational qualifications and experience, If any. _____
- (d) Post (Group C) which employment is Proposed _____
- (e) Whether there is vacancy in that post within the ceiling of 5% prescribed under the scheme of compassionate appointment. _____
- (f) Whether the post to be filled is included in the Central Secretariat Clerical Service or not. _____
- (g) Whether the relevant Recruitment Rules provide for direct recruitment. _____
- (h) Whether the candidate fulfils the requirements of the Recruitment Rules for the post. _____
- (i) Apart from waiver of Employment Exchange/Staff Selection Commission procedure what other relaxation are to be given. _____
- (II) Whether the facts mentioned in Part-A have been verified by the office and if so, indicate the records. _____
- (III) If the Government servant died/retired on medical grounds more than 5 years back, why the case was not sponsored earlier. _____
- (IV) Personal recommendation of the Head of the Department in the Ministry/ Department/Office.
(With his signature and office Stamp/seal) _____

Affidavit (Specimen)

I Sh./Smt. R/o

is do solemnly affirm and declare that :-

1. I am permanent residence of above address, is generally reside there with family .
2. My husband/wife was servicing in Naval Medical Dept since..... as
..... And has expired on
3. I have nos. Female andNos.Male children. Out of themNos.
have married as per details mentioned in enclosed proforma.
4. I belong toCategory (SC/SCT/OBC/Genral/Ex. EXM et.c)
5. I certified that the information furnished in enclosed proforma regarding assets/liabilities etc.
is true & correct and nothing has been concealed in this regard.
6. Sh/Ms.....is my real son/daughter, heth pass, he/she may
be given compassionate appointment on behalf of deceased family.

Deponent

Verification

Verified aton thisday of, 2013, that is
above information is correct and true as per my belief .

Deponent