

**Documents required for applying Employment Assistance on Compassionate Ground.**

1. Death Certificate
2. Termination order.
3. Application from the widow in prescribed proforma.
4. Certificate in support of date of birth as well as education qualification of the candidate.
5. Legal heir ship certificate from civil authority.
6. Income certificate from the Revenue officer.
7. Copy of Medical Identity Card.
8. Copy of Pass declaration or certificate from the concerned subordinate/officer certifying the family composition as per pass declaration.
9. S&WI investigation report in the format.
10. Undertaking in terms of SER's Estt. Srl. No.200/2000.

**East Coast Railway****Application-cum-declaration form for Employment Assistance on compassionate Grounds  
in Group 'C' & 'D' posts of HQ/BBS.**

1. Particulars of the ex-employee
  - a. Name of Ex-Employee (Smt/Sri) :
  - b. Last designation, office and station :
  - c. Date of death/medical unfitness/  
medical decategorisation/missing  
(Please tick mark appropriate one) :
  - d. Date of voluntary retirement, if any, :  
of the ex-employee
  - e. Cause for death/voluntary :  
retirement of the ex-employee
  - f. Designation & Station where :  
ex-employee was working
  - g. Working under whom :
  - h. Date of Birth :
  - i. Date of initial appointment :
  - j. Date of death (in figures) :
  - k. Date of death (in words) :
  - l. Last Pay drawn (Scale & Grade :  
Pay)
  - m. Length of service :
  - n. Whether the ascendants are left :  
indigent circumstances
  - o. What settlement payments made :
    - P.F. :
    - Leave Salary :
    - C.G.E.G.I.S. :
    - Last wages :
    - Pension :
    - Commutation :
    - D.C.R.G. :
    - G.P.A. I :
  - p. Any other member of the family :  
working ( details )
  - q. How the family is in destitute and :  
penurious condition  
( elaborate)

2. Particulars of the candidate applying for employment assistance

Affix Passport Size photograph of the candidate

- a. Name of the candidate :
- b. Relationship with ex-employee :
- c. Group for which EA sought for :
- d. Date of birth of the candidate :
- i. as per school certificate (enclose) :
- ii. as per court affidavit ( enclose) :
- iii. as per pass declaration (enclose) :
- iv. as per medical identity card (enclose) :
- e. Educational qualifications and Technical qualifications, if any (Necessary attested copy of certificates to be enclosed) :
- f. Whether SC/ST/OBC (true copy of attested caste certificate should be produced) :

3. Particulars of the family members of the Ex-Employee :

Sl.No	Name of the member	Relationship with ex-employee	Date of birth	Educational qualification	Marital status	Present occupation	If any body in Rlys. Please give details.
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

4. In case of missing employee
- i. Date of missing of the employee :
- ii. Date o FIR / lodged :
- iii. Date of application seeking for employment assistance with latest police report not more than one month old, if so, 2<sup>nd</sup> enquiry report to be given. :

5. In the case of 2<sup>nd</sup> marriage :
  - i. Details of the 1<sup>st</sup> wife & children :
  - ii. Whether the 2<sup>nd</sup> marriage has got administrative approval or not :
6. In the case of adoption :
  - i. Whether adoption deed make legally :
  - ii. Whether the adopted person appearing in pass declaration as per Railway Pass Rules. :
  - iii. Whether administrative approval taken for on such adoption :
7. Declaration from the candidate :

I do hereby declare that none has been appointed in the Railways under Employment Assistance on Compassionate Grounds and no body also will apply for such assistance in future other than me. The particulars furnished in the application-cum-declaration are true to the best of my knowledge and belief and if anything is found false, I shall be liable for action as per extant rules. I do assure that I shall abide by the rules and regulations of the employment assistance of compassionate grounds and look after the family members left behind the ex-employee.

Signature & LTI of the candidate

Date:

Contact No. :

I enclosed herewith the following documents for your perusal for Employment Assistance.

- a. Nomination for employment from :  
the widow/father duly attested
- b. No objection and consent of other :  
elder brothers/sisters duly attested
- c. Attested true copies of the School/  
College certificates showing the  
date of birth and educational  
qualifications.
- d. Court affidavit in original in support  
of age and ( in case of candidate  
did never studied in any school)
- e. Attested copy of Caste Certificate  
from competent authority not below  
the rank of M.R.O/Tahsildar

The above particulars are furnished by the applicant are certified as correct. The signature & LTI of the applicant is also certified as genuine and countersigned by me.

Signature of Unit Supervisor  
Name:

Place :

Signature & LTI of the candidate

Date :

Address :

Post :

Dist.:

Contact No. :

**N O M I N A T I O N**

I, Shri/Smt. .... W/o Late ..... Ex. ....  
.....Station .....do hereby nominate my .....  
Shri/Smt/Kum ..... for employment assistance on compassionate  
grounds who will look after the family left behind by the ex-employee.

I do hereby also declare that  
no appointment on  
compassionate grounds has  
been made in the family.

Signature of the widow/Ex-Employee  
Place :

Date:

Witness to signatures :

**Address :**

1.

Village:

2.

District :

Pin Code:

CERTIFICATE BY THE PASS ISSUING AUTHORITY

Certified that according to the records available in this office the ex-employee \_\_\_\_\_ Designation: \_\_\_\_\_ submitted his/her past pass declaration on \_\_\_\_\_ and was drawing Passes/PTOs from this office. According to his/her declaration, the following members were included with age as on \_\_\_\_\_.

Sl.No	Name & relationship with Ex-Employee, of dependents, as per pass declaration	Age on the date of declaration	Remarks

Signature of the pass issuing authority  
with Stamp & Designation

8. Particulars of the ex-employee :  
(to be filled up by supervisor under whom the ex-employee worked)
- a) Name of the ex-employee :  
b) Designation & Place of working :  
c) Date of Birth :  
d) Date of appointment :  
e) Date of death/Voluntarily Retired :  
f) Cause of death/Voluntarily Retired :  
g) Priority No. I II III IV
- h) Leave availed particulars during service period : LAP LHAP SICK
- i) Length of service and punishment : any during the period
- j) Was the ex-employee a loyal-worker Or whether habituated drunken and no Zeal for work and indiscipline :
- k) Whether any dependent of the ex-employee was already employed on compassionate grounds. :
- l) Whether any of the family members (e.g. wife of ex-employee, children) of ex-employee serving in Govt./ in Railways :

- m) What settlement dues paid to the Ex-Employee:
  - i. P.F. :
  - ii. Last Wages :
  - iii. C.G.E.G.I.S :
  - iv. Pension :
  - v. Leave Salary :
  - vi. Commutation Pension :
  - vii. D.C.R.G. :
  - viii. G.P.A.I :
  - ix. Any others :
- n) Whether the ex-employee has own house, Business, landed property at his village, at Any Place (Please indicate) :
- o) Whether employment assistance admission ADMISSIBLE/NON-ADMISSIBLE reasons :
- p) Recommendations, if any :

Date:

Place:

Signature of the Supervisor

Date:

Designation:

Office:

**NON-ENGAGEMENT CERTIFICATE**

-----S/o----- do hereby declare that I am not working in private, public of any other organization. I am an unemployed poor man in the society.

Signature of the applicant  
S/W/o-----  
Design:  
Under:

Witnesses  
1-----  
2.-----

**RE-MARRIAGE CERTIFICATE**

This is to certify that no employment has been made in my family previously o compassionate grounds and I have not remarried after demise of my husband.

Witnesses:  
1.  
2.

Signature of the widow

**MEDICAL CARD DECLARATION**

This is to inform that we have not taken any medical card from the administration taken medical card and the same is handed over to the administration.

LTI/Signature of the applicant

Witnesses:

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

**DECLARATION FOR NON-APPOINTMENT**

It is hereby declare that no one of our family member has been given appointment on the compassionate grounds consequent on the death of -----

Station :  
Date :

Signature of the applicant.

This is to certify that no other case for employment assistance on compassionate grounds in this family has been processed against the death of -----  
-----expect this-----

(Name of the ex. employee, Design & station)

(Name of the candidate)

Signature of S&WI.



**FORM OF UNDERTAKING TO BE OBTAINED FROM THE APPLICANT  
SEEKING COMPASSIONATE APPOINTMENT  
(SER Estt.Srl.No. 200/2000 circulated under Railway Board's  
Letter no. E(NG)II/99/RC-1/Genl/19 dtd. 22.08.2000.)**

- 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)	Relationship with the government servant	Age	Address	Employed / not ( if employed, particulars of employment and emoluments)

II. DECLARATION / UNDERTAKING

- 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.
- I hereby also declare that I shall maintain properly the other family members who have been dependent (details given above) on railway Servant mentioned against 1(a) of Part-A of this form and in case, it is not properly maintained by me, further during the period of their dependency my appointment may be terminated.

Date :

Signature of the candidate

Name :

Address :

Contact No. :

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

Date :

Signature of the Welfare Inspector

Name :

Address :

Contact No. :