



पूर्व तट रेलवे
EAST COAST RAILWAY

कार्यालय/ Office of the

मंडल रेल प्रबंधक (का.)

Divisional Railway Manager (P)

खोरधा रोड, औड़िसा

Khurda Road, Odisha, 752050

No./ सं.: DRM(P)/KUR/Rectt/CGA/Div. Corr/2024/26

Date/ दिनांक: 05.06.2024.

**All Concerned,
Khurda Road.**

Sub: Introduction of new Employment Assistance Compassionate Ground Nomination-cum-Application format.


It has come to our notice that the present application form used for Employment Assistance on Compassionate Grounds does not reflect all the particulars required for such applications. To address this issue and streamline the process, a simplified nomination-cum-application form has been designed for Employment Assistance on Compassionate Grounds (EACG) cases.

After careful examination, the following changes have been implemented:

1. The new proforma will supersede the earlier format of the application form.
2. Annexure-I depicts the Nomination for EACG.
3. Annexure-II depicts the Application for EACG.

All departments are hereby instructed to use the new nomination-cum-application form for all future EACG cases effective immediately.

Encl: Annexure-I & II


(R.N.A. Parida) 05/06/24.

Sr. Divisional Personnel Officer
East Coast Railway, Khurda Road

Copy forwarded for information and necessary action to

1. DPO, APOs
2. Ch. S&WI, Welfare section.
3. Ch.OS/Rectt.

East Coast Railway/ Khurda Road Division

N O M I N A T I O N

I, Mr./ Mrs./ Ms. _____ F /M / W/ H/
S/ D/o _____ (Designation and place of posting)
_____ hereby nominated my son/ daughter/ brother/ sister or myself Mr./
Mrs./ Ms. _____ for Employment Assistance on Compassionate
Grounds. I/ He/ She 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.

Witness to signature

- 1.
- 2.

**Signature of the Widow/ Widower/
Ex-employee/Ward/Parent**

Name:

Address:

East Coast Railway/ Khurda Road Division

Format for seeking Employment Assistance on Compassionate Grounds by dependents of Railway Servant

(Fill this form in **BLOCK letters**)

Part-A

| PARTICULARS OF THE Ex-EMPLOYEE | |
|---|--|
| a. Name of the Railway servant (Deceased/retired on medical grounds): [Full Name] | |
| b. Designation: | |
| c. Date of Birth: | |
| d. Date of death/retirement on medical grounds: | |
| e. Total length of service rendered: [Years] | |
| f. Whether belonging to SC/ST/OBC/UR | |

Part-B

Affix your recent
passport size
colour
photograph &
sign. across

| DETAILS OF THE CANDIDATE SEEKING COMPASSIONATE APPOINTMENT | |
|--|------------|
| a. Name of the candidate for appointment: [Full Name] | |
| b. His/ Her relationship with the Railway Servant: | |
| c. Date of Birth: | |
| d. Educational Qualifications | Completed: |
| | Pursuing: |
| e. Community: (UR/OBC/SC/ST) | |
| f. Whether any other dependent family member has been appointed on Compassionate grounds: [Yes/No] | |

Part-C

| PARTICULARS OF TOTAL ASSETS LEFT | |
|--|--|
| a. Life Insurance Policies (including Postal Life Insurance): | |
| b. Moveable and Immovable properties & annual income earned there from by the family: | |
| | |
| c. Any other assets: [Details] | |
| | |
| d. Total: [Total Amount] | |

Part-D

| BRIEF PARTICULAR OF LIABILITIES, IF ANY: [DETAILS] |
|---|
| |

Part-E

Particulars of all dependent family members of the Railway servant (if some are employed, their income and whether they are living together or separately to be mentioned)

| S.N | Name (s) | Relation with Railway servant with marital status | Age/ D.O.B | Address | Employed or not | Particulars of employment and emoluments |
|-----|----------|---|------------|---------|-----------------|--|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |

Part-F

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 Railway servant mentioned against (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 maybe terminated.

Date:

Signature of the Candidate

Full Name:

Address:

Mobile No:

Email ID:

Part-G

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

Date:

**Signature of Certifying Railway Employee
(e.g. Co-worker, Supervisor, Official etc.)**

Full Name:

Designation:

HRMS ID:

Address:

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

Date:

Signature of Welfare Inspector

Full Name:

Designation:

HRMS ID:

Address: