

CHECK LIST

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Signature of the Staff & Welfare Inspector

Name:

Date:

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, 2nd enquiry report to be given. :

5. In the case of 2nd marriage :
 - i. Details of the 1st wife & children :
 - ii. Whether the 2nd 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.
.....Stationdo 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

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 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. :



EAST COAST RAILWAY

Office of the
Chief Personnel Officer
Rail Sadan, Chandrasekharapur,
Bhubaneswar-751017.
Odisha

Dt: .

ENQUIRY REPORT OF S&WI IN E.A. CASES OF HQs/BBS

Statement of particulars of employment Assistance furnished by S&WI along with the case record/application.

1. Name of the employee died/retired on :
medical grounds/missing and
designation and station :
(in whose case enquiry made for E.A.)
2. Date of death/de-catg/medical :
unfitness/missing :
3. Age on date of death med. Unfitness :
missing/de-categorisation :
4. Cause of death (Natural) / (Accident). :
a. If accidental death while (on 'duty' or :
'off duty' or 'on leave') :
b. If medically unfit category and which :
he was made unfit and whether :
alternative job given (encl. Office order) :
(M.C. No. & Date issued by the CMS :
may be indicated) :
c. Designation & Station of last working :
of the employee :
d. In case of missing employee date of :
FIR lodged in the police station and date :
of application along with police :
investigation report :
(Not more than one month old) :
e. Details on service record of ex. :
Employee (was s/he disciplined, actual :
absence, what was his/her :
performance).
5. Date of his/her appointment :
6. Date of birth as per service record :
i. in words :
ii. in figures :
iii. Length of service :
7. Post held at the time of death/med- :
decatg., Scale & Grade Pay :

8. Particulars of the family members with their names and occupation.

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

- a. Name of the applicant and his/her relationship with the ex-employee. :
- b. Name of the candidate for whom employment assistance sought for. :
- c. Group for which EA sought for (C/D) :
- d. Settlement payment paid to the widow/ex.employee. :
1. Leave salary :
2. Last wages :
3. P.F. :
4. C.G.E.G.I.S. :
5. Pension :
6. Commutation pension :
7. DCRG :
8. Any other (eg. GPAL, etc.) :
9. a. Copy of the pass declaration to clarify family composition. :
- b. Family particulars as per the settlement documents :
- c. Family particulars as per medical identity card :
10. Educational qualifications of the candidate :
11. Caste (SC/ST/OBC/UR) (enclosed attested copy of certificate) :
12. Date of birth of the candidate, if he/she is illiterate court affidavit is to be attached in proof of the DOB. :
13. Personal identification marks of the candidate.
- a.
- b.

14. Economic condition of the family :
(Affidavit from ex-employee/members, if any).
- a. Whether the ex.employee is having any :
movable or immovable properties i.e. land, own house, business any occupation in Govt/Private by any ward or any family member/widow etc. and any other sources of income.
- b. If any unemployed/ ward of the :
deceased/medically retired is employed on compassionate ground.
- c. How do you feel that the family of the ex- :
employee is to distress and in penurious condition.
15. Whether the widow(er) get remarried or :
not, if not a certificate to be enclosed.
16. In case of 2nd marriage, whether that has :
got administrative approval or not.
17. Is the application is a case of adoption. :
If yes, if it is legal and administrative approval taken from competent authority.
18. In case of appointment for other than 1st :
son/daughter enclose no objection affidavit and indicate the full details viz. occupation, financial status of the elder wards.
19. Genuineness of educational qualification :
certificates verified and a certificate of the relevant school authorities to be enclosed.
20. S&WI's recommendation on service :
rendered by ex. employee and his leave, absence, penalty etc.
21. Address for communication :

Place :

Date :

Signature of the S&WI.

Certified that the bonafide of Sri/Smt/Kum
applying for employment assistance has been examined and verified by me to the best of my satisfaction. Candidate's pass-port size attested photograph duly identified and countersigned by me is enclosed.

Place :

Signature of the S& WI:

Name :

Date:

Contact No. :

N.B. : S&WI should enclose the filled up application-cum-declaration form for employment assistance on compassionate grounds in Gr-C/Gr-D in the prescribed proforma to this office.