Appendix

APPLICATION FOR COMPASSIONATE GROUND APPOINTMENT

PART-A

l.	(a) Serv			nd Name of the Government ired on medical ground / Miss	:sing)
	(b)	Unit I	ast Served		
	(c)	Desig	nation of th	e Govt servant	1
	(d)	Date	of Appointm	nent	\$
	(e)	Date	of Birth of th	ne Govt Servant	1
	(f)	Date	of Death (if	while in service)	:
	(g)	Date	of Retireme	ent on medical Ground	1
	(h)	Total	Length of s	ervice rendered	1
	(j)	Whet	her perman	ent or temporary	8
	(k)	Whet	her belongi	ng to SC/ST/OBC	ž
II.	(a)	Name	e of the Can	didate for appointment	1
	(b)	His/H	ler relations	hip with the Govt servant	;
	(c)	Date	of Birth		
	(d)	Educ	ational Qua	lifications	1
	(e) has b		her any othopointed on	·	
	(f)	Hom	e Address		
		(i)	Village	5	
		(ii)	PO	:	
		(iii)	Tehsil	:	
		(iv)	District	: <u> </u>	
		(v)	PIN	:	
		(vi)	State	1	
		(vii)	Mobile/Ph	one No and Email ID :	
	(g)	Post	for which ag	oplied for :	

(a) I	Family pension				
T-YE.			-		-
(b) I	DCR gratuity		÷		-
W	GPF recd at the time of out from service	of when indl	<u>;</u>		-
(d) I	Moveable and Immove	able properties	·	1370	-
(e) [Dependent family mer	mbers	1		-
(f) I	No of unemployed me	mbers	·		_
Brief pa	articulars of liabilities it	fany	1		_
	Sovt servant (is some ncome and whether the rately)	ney are living tog	ether		
	ncome and whether th	Relationship with the Govt	Age	Address	Employed or n
Ser	ncome and whether the rately)	Relationship		Address (5)	
Ser No	ncome and whether the rately) Name(s)	Relationship with the Govt Servant	Age		(if employ)
Ser No	ncome and whether the rately) Name(s)	Relationship with the Govt Servant	Age		(if employ)
Ser No	ncome and whether the rately) Name(s)	Relationship with the Govt Servant	Age		100-1111-1111-1111-1111-1111-1111-1111-1111

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DECLARATION/UNDERTAKING

1.	I hereby	declare	that	the	facts	given	by	me	above	are,	to	the	best	of	my
know	ledge, cor	rect. If an	ny of	the	facts	here in	me	ention	ned are	four	nd to	o be	incor	rect	0
false	at a future	date, my	servi	ce n	nay be	e termin	ate	d.							

2.	I hereby also declare that I shall maintain properly the other family members who
were	dependent on the Government servant/member of the Force as mentioned against
I (a)	of Part-A of the application form and in case it is proved at any time that the said
fami	y members are being neglected or terminated.

Dated:	Signature of the Candidate
	Name
	Address
	Tele/Mob No
	IGNED BY GAZETTED OFFICER/ GE PRADHAN/ SARPANCH

(Seal and signature)

Dated:____

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SPECIMEN OF UNDERTAKING CERTIFICATE REGARDING DETAILS OF COMPASSIONATE GROUND APPOINTMENT GRANTED TO DEPENDENT FAMILY MEMBERS

Name	aughte	Miss/Mrs er/wife of Ex No Compassionate Ground Appointn	of	Rank
2. grante Rifles:	ed Cor			ng family members have already been ng Assam Rifles/Retired from Assam
	(a)			
	(b)			
	(c)	***********		
			OR	
right t author	Appo Ground I furth ove info to disr	intment as on date except me to not appointment rally for the year her undertake that above information's are found false at a missed me from service any tin	for which I he 2024. ation are true any time even with the	ated against Compassionate Ground ave been applied for Compassionate to the best of my knowledge. In case in at later stage, department will hold decision of Assam Rifles Competent artly/wholly as deemed fit by the
			Signature	of the candidate
			Name :_	
			Husband	Father's Name :
			Trade	3
			Vill	4
			PO	<u> </u>
Place	:		Dist	<u> </u>
			State	4
Date	:		Pin	<u>:</u>
		COUNTERSIGNED VILLAGE PRA		

(Seal and signature)

Dated		