

**APPLICATION FORM FOR APPOINTMENT ON COMPASSIONATE GROUND**

To,  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

PASSPORT SIZE PHOTO DULY ATTESTED BY THE CONCERNED PI
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1. Name of the Ex-employee : \_\_\_\_\_
2. Designation & Place of Working : \_\_\_\_\_
3. Date of Death/Incapacited/Missing : \_\_\_\_\_
4. Religion : \_\_\_\_\_
5. Whether belongs to SC/ST other : SC ST OBC General  
Community (Tick Whichever applicable)
6. Name of candidate of appointment : \_\_\_\_\_
7. Relation with the Ex-employee : \_\_\_\_\_
8. Date of Birth : \_\_\_/\_\_\_/\_\_\_ (Attached Birth /school living certificate)  
(In words) : \_\_\_\_\_
9. Educational Qualification : \_\_\_\_\_  
\_\_\_\_\_
10. In connection with my request for appointment on compassionate ground, I \_\_\_\_\_  
\_\_\_\_\_ Son/daughter/Widow of Late Shri \_\_\_\_\_  
Ex. \_\_\_\_\_ Father/Husband Expired/missing/Incapacited On \_\_\_\_\_ while  
in service. The financial condition of our family is not good and I am in need of employment on  
compassionate being the bread winner of the family decease Railway employee. Prior no other person  
has made an application or appointment on compassionate ground subsequent to the death missing /  
incapacited of Late Shri \_\_\_\_\_.
11. Smt./Shri \_\_\_\_\_ widow/widower of late wife/husband of Shri/Smt  
\_\_\_\_\_ ex. \_\_\_\_\_ expired /incapacited/  
missing on \_\_\_\_\_ has requested for employment on compassionate ground in favour  
of self / my son / daughter \_\_\_\_\_ who will get as bread winner of the  
family of ex. Employee.

**DECLARATION:**

I hereby state that I shall maintain my widow mother/mother/sister if I am given the job in Railway on compassionate ground. In case it is noticed that I do not maintained them. My service may be terminated.

**SIGNATURE OF WIDOW / WIDOWER / SPOUSE**

**SIGNATURE OF APPLICANT IN  
CONSENT OF THE DECLARATION**

**FULL POSTAL ADDRESS:**

**NAME:** \_\_\_\_\_

**SON/DAUGHTER /WIDOW OF LATE**

**SHRI** \_\_\_\_\_

\_\_\_\_\_

**DATE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROFORMA FOR SUBMISSION OF PROPOSAL TO BE FOR TIME LIMIT  
RELAXATION RECRUITMENT TO DEPARTMENTAL GRADE ETC.**

**(A) Particulars of the Deceased/crippled/Medically Incapacitated/medically unfit employee.**

1. Name of the employee :
2. Whether belongs to SC/ST /OBC/GEN Community (Tick) : SC ST OBC General
3. Designation & Place of working :
4. Scale and Rate of Pay :
5. Date of Appointment :
6. Date of Birth :
7. i) Date of Death :  
ii) Date of medically incapacitate :  
iii) Date of missing :
8. Total service : Years\_\_\_\_\_Months\_\_\_\_\_Days\_\_\_\_\_
9. The case of accident on duty  
Particulars of compensation  
Paid to the family :
10. Priority No. under which  
the case falls :
11. Particulars of the composition of the family (wife, son/daughter/married/unmarried)

Sr. No.	Name	Relationship	Date of Birth	Education Qualification	Status indicating married / unmarried	Remain indicating if employee with family A/C & employed/unemployed
1	2	3	4	5	6	7

Signature &amp; Thump Impression of applicant and date.

Signature of Verifying WLI &amp; Date

**BIO-DATA OF THE CANDIDATE PROPOSED FOR COMPASSIONATE APPOINTMENT**

1.

- (a) Name of the candidate :
- Relation with Diseased employee :
- (b) Date of Birth :
- (c) Education Qualification :
- (d) Date of attaining majority i.e. 18 years :
- (e) Whether already employed :
- Elsewhere with particulars of  
    Employment viz. post held since  
    When monthly emoluments,

2. Category/post in which the Candidate  
is recommended for Appointment :

3 Date for receipt of application for compassionate  
appointment from whom (copy to be enclosed) :

**OTHERS PARTICULARS**

1. Whether the widow has re-married or otherwise :

2. Payment of retirement benefit / settlement dues.

- a) Provident Fund :
- b) SC to PF or DCRG :
- c) GIS :
- d) Pension/ Family pension :
- e) Amount of compensation :
- f) Leave encashment :
- g) DCRG :

3. General financial condition of :

The family indicating land  
Immovable & movable property  
(with details) if any, information  
In regard to cases which are  
more than 5 years old or requiring  
GM/Boards approval.

a) Reasons from the widow/wife :  
as why she could not apply for  
employment on compassionate :  
grounds for herself.

b) Reasons from the widow/wife :  
for not requesting for  
compassionate apptt. to the  
first child immediately  
after attaining the age of  
majority i.e. 18 year (copy  
of application to be enclosed)

c) Special circumstances warranting :  
relaxation of the limit

4 .Any other particulars considered relevant.

5. Date on which the proforma is filled in

6. Certified that the above information  
Have been verified from the record/on  
the spot enquiry and are correct and  
not appointment to any ward/ relative of  
the deceased/medically incapacitated/  
missing employee has been given after  
death/incapacitation/missing. It is also  
certified that employee died, while in  
service.

Signature of officer in-charge of  
Establishment Unit (with Name,  
Design. and Office Stamp)

DRM's/Unit In-Charge's Recommendation for appointment on Compassionate ground (to be filled in his own.)

DRM's/Unit/In-charge's recommendations Mentioning the special circumstances Proposing the case for relaxation of 5 years, time limit relaxation of Upper age, age of lower limit for detail.

Signature of DRM/Unit In-charge  
With Design/Date with Stamp.

Note: If the information against any column. Item is not applicable if should be written appropriate column/  
item has not applicable and not be putting more dash.

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Service By :- Western Railway Employees' Union – AHMEDABAD DIVISION

