

**APPLICATION FORMAT FOR APPOINTMENT ON COMPASSIONATE GROUNDS**

From:

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To  
Dean (Faculty & Staff Welfare),  
The National Institute of Technology Karnataka,  
Srinivas Nagar P.O.,  
Surathkal, Mangaluru - 575025

Passport size attested photo should be pasted.
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Respected Sir,

My husband/wife, late Shri/Smt. .... has expired/ has retired voluntarily after having been declared totally incapacitated/medically de-categorized on\_\_\_\_\_or has been missing since..... . I, therefore, request your good self to consider my candidature (mention name) for appointment on compassionate grounds. Application in prescribed format attached herewith.

OR

My father/mother, late Shri/Smt. .... has expired/ has retired voluntarily after having been declared totally incapacitated/medically de-categorized on\_\_\_\_\_or has been missing since..... I, therefore, request your good self to consider my candidature for appointment on compassionate grounds. Application in prescribed format attached herewith.

I further state that I belong to SC /ST /OBC category. I am also submitting caste certificate bearing no.\_\_\_\_\_dated\_\_\_\_\_ issued by  
.....

The required information is submitted in the prescribed proforma. I have also attached all the necessary documents to be invariably attached to the proforma.

Thanking you,

Yours sincerely,

Date: \_\_\_\_\_

(Signature of the applicant)

Name: .....

Wife/Son/Daughter of late  
Shri/Smt. ....

Ex (designation & Department NITK)

Employee No. \_\_\_\_\_

**PROFORMA REGARDING EMPLOYMENT OF DEPENDENTS OF EMPLOYEE OF NITK DYING  
WHILE IN SERVICE / RETIRED ON INVALID PENSION**

**PART- A**

I (a)	Name of the Employee of NITK (deceased/retired on medical grounds).	:
(b)	Designation of the Employee.	:
(c)	Whether it is MTS (erstwhile Group 'D') or not?	:
(d)	Date of birth of the Employee.	:
(e)	Date of death/retirement on medical grounds.	:
(f)	Total length of Service rendered.	:
(g)	Whether permanent or temporary.	:
(h)	Whether belonging to SC/ST/OBC	:
II (a)	Name of the candidate for appointment	:
(b)	His/her relationship with the Employee.	:
(c)	Date of birth	:
(d)	Educational Qualifications	:
(e)	Whether the widow/widower of the deceased employee is re-married.	:
(f)	Whether the wife/husband of the deceased / retired employee is in employment, if so details.	:
(g)	Whether any other dependent family member has been appointed on compassionate grounds.	:
III	Particulars of total assets left including amount of	:
(a)	Family Pension + Pension (if any, on his/her erstwhile service) per month	:
(b)	DCRG amount received	:
(c)	GPF Balance received	:

(d)	Details of Life Insurance Policies- LIC, PLI, Private Insurance Co's etc. and total amount received		:			
(e)	Details of Moveable and Immovable properties and annual income earned therefrom by the family.		:			
(f)	C.G.E. Insurance amount received		:			
(g)	Encashment of leave- amount received		:			
(h)	Any other assets and monthly income thereof.		:			
	TOTAL		:			
IV	Brief particular of liabilities if any.		:			
V	I am enclosing herewith attested copies of following certificates as proof of my educational/technical qualification and date of birth: -					
Sl. No	Qualification	Board/University	Session	Roll No.	Sl. No of certificate enclosed	
(1)	(2)	(3)	(4)	(5)	(6)	
VI	Particulars of all dependent family Members of the Employee (if some are employed, their income and whether they are living together Or separately):-					
Sl.No.	Name(s)	Relationship with the deceased employee	Age	Address	Employed or not, if employed particulars of employment and emoluments	

(1)	(2)	(3)	(4)	(5)	(6)

Signature of the candidate with date

**DECLARATION/UNDERTAKING**

1. I hereby declare that I have attached all correct and relevant certificates/documents in proof of all the facts given in above application. 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 employee mentioned against 1(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 may be terminated.

Date:

Signature of the candidate

Name:.....

Address:.....

**CERTIFICATE**

Shri/Smt/Kum ..... is known to me and the facts mentioned by him/her are correct. I have arrived at the decision after personally verifying the facts mentioned above by the candidate.

Date:

Signature of permanent  
NITK Employee

Name: .....

Address.....

.....

(FOR OFFICE USE ONLY)

I have personally verified the facts mentioned above by the candidate Shri/Smt/Kum  
..... and found correct.

Date:

Signature of an Officer deputed by  
NITK Surathkal

Name .....  
(Office Seal)

PART-B

(TO BE FILLED IN BY OFFICE IN WHICH EMPLOYMENT IS PROPOSED)

( I ) (a)	Name of the candidate for Appointment.	
(b)	His/her relationship with the NITK Employee.	
(c)	Age (date of birth), educational qualifications and experience, if any.	
(d)	Post (Group C) which employment is proposed	
(e)	Whether there is vacancy in that post within the ceiling of 5% prescribed under the scheme of compassionate appointment.	
(f)	Whether the post to be filled is included in the Central Secretariat Clerical Service or RRs for Non -Teaching posts in the NITs.	
(g)	Whether the relevant Recruitment Rules provide for direct recruitment.	

(h)	Whether the candidate fulfils the requirements of the Recruitment Rules for the post.	
(i)	Apart from waiver of Employment Exchange / Staff Selection Commission procedure what other relaxation are to be given.	
(II)	Whether the facts mentioned in Part-A have been verified by the office and if so, indicate the records.	
(III)	If the NITK employee died / retired on medical grounds more than 5 years back, why the case was not sponsored earlier.	
(IV)	<p>Personal recommendation of the Head of the Department / Section.</p> <p>(With his signature and office Stamp/seal</p>	