



भा0कृ0अनु0प0— केन्द्रीय भेड़ व ऊन अनुसंधान संस्थान  
अविकानगर (तहसील-मालपुरा, जिला-टोंक) वाया जयपुर (राजस्थान) – 304501  
I.C.A.R. - CENTRAL SHEEP & WOOL RESEARCH INSTITUTE  
AVIKANAGAR (TEHSIL-MALPURA, DIST. TONK) VIA: JAIPUR (RAJ.) 304501



**MOST URGENT**

F. No. 12(26) R/95/Vol.IV/ 1346

Dated 14.05.2020

**Circular**

The process of appointment under Compassionate Appointment Scheme has been initiated at ICAR-CSWRI, Avikanagar for dependent family members of an employee of ICAR-CSWRI, Avikanagar dying in harness / retired on medical grounds / missing employees as per rules. Those who are desirous of being considered for appointment on compassionate grounds may submit their applications in the prescribed format (copy enclosed), along with attested copies of their testimonials related to educational qualifications / Aadhar Card / Pan Card as well as their bank passbook for the last 6 months (upto 30.04.2020), to the undersigned by 20.05.2020. The requests will be processed and considered against available vacancy (ies) in the light of GoI /ICAR instructions on the subject.

Only those applications that are received by the due date will be considered.

**Encl: As Above**

(Suresh Kumar)

ChiefAdministrative Officer

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Incharge, AKM Unit for uploading the copy on Institute Website

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14/05/2020

PROFORMA REGARDING EMPLOYMENT OF DEPENDENTS OF GOVERNMENT SERVANTS DYING WHILE IN SERVICE /RETIRED ON INVALID PENSION

PART-A

- I. (a) Name of the Government Servant .....  
(Deceased/retired on Medical Grounds)
- (b) Designation of the Government Servant .....
- (c) Whether it is MTS (erstwhile .....  
Group 'D') or not?
- (d) Date of birth of Government Servant. ....
- (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/hers relationship with the Government.....  
Servant.
- (c) Date of Birth. ....
- (d) Educational Qualifications. ....
- (e) Whether other dependent family member.....  
has been appointed on compassionate  
Grounds.
- III Particulars of the total assets left including .....  
amount of
- (a) Family Pension .....
- (b) D.C.R. Gratuity .....
- (c) G.P.F. Balance .....
- (d) Life Insurance Policies (including PLI) .....
- (e) Movable & Immovable properties and .....  
annual income earned therefrom by the  
Family.
- (f) C.G.E. Insurance amount .....
- (g) Encashment of leave .....
- (h) Any other assets. ....

(IV) Brief particulars of liabilities if any. ....

V Particulars of all dependent family Members of the Government Servant (if some are employed, their income and whether they are living together Or separately.

S.No.	Name(s)	Relationship with Govt. Servant	Age	Address	Employed or not, (if employed particulars of employment and emoluments)
(1)	(2)	(3)	(4)	(5)	(6)

- 1
- 2
- 3
- 4
- 5
- 6

**DECLARATION/UNDERTAKING**

1. I hereby declare 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 Government servant/member of the Armed Forces 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:.....  
 .....  
 .....