Appendix – A

APPLICATION FOR COMPASSIONATE GROUND APPOINTMENT

PART-A

I.	(a) Serva			d Name of the Government ed on medical ground / Missi	:
	(b)	Unit la	ast Served		:
	(c)	Desig	nation of the	Govt servant	:
	(d)	Date	of Appointme	ent	:
	(e)	Date	of Birth of the	e Govt Servant	:
**	(f)	Date	of Death (if v	vhile in service)	:
	(g) Date of Retirement on medical Ground				:
	(h)	Total	Length of se	rvice rendered	:
	(j)	Whet	her permane	nt or temporary	:
	(k)	Whet	her belonging	g to SC/ST/OBC	:
II.	(a)	Name	e of the Cano	lidate for appointment	:
	(b)	His/H	er relationsh	ip with the Govt servant	1
	(c)	Date	of Birth		1
	(d)	Educ	ational Quali	fications	:
	(e) Whether any other dependent family member has been appointed on compassionate ground				:
,	(f)	Home	e Address.		
		(i)	Village	:	
		(ii)	РО	:	
		(iii)	Tehsil	: <u></u>	
		(iv)	District	:	
		(v)	PIN	:	
		(vi)	State	:	
		(vii)	Mobile/Pho	ne No and Email ID :	
	(g)	Post	for which app	olied for :	



III.	Particulars of Total Assets Left including Amount of									
	(a)	Family pension		:_						
	(b)	DCR gratuity		. :						
	(c)	GPF balance								
	. ,	Life Insurance poling Postal Life Ins		:_	:==============================					
		Moveable and im nnual income earr family	, ,	ies :		<u> </u>				
	(f)	ARGIS insurance	amount	:_						
	(g)	Encashment of le	eave	:_						
	(h)	Any other assets		:						
	Total			:.		·				
IV.	Brief p	articulars of liabili	ties if any	:_						
incon	Govt sone and v	ulars of all dependervant (is some all whether they are li eparately)	re employed, the							
	Ser Name (s)		Relationship with the Govt Servant	Age	Address	Employed or r (if employ)				
	(1)	(2)	(3)	(4)	(5)	(6)				
	Dated	:2021			Signature of the Candidate					
					Name					
					Address					
STATE OF THE PARTY					Tele/Mob No	Ο.				



DECLARATION/UNDERTAKING

1.	١	hereby	declare	that	the	facts	given	by	me	above	are,	to	the	best	of	my
knowl	ed	lge, corr	ect. If ar	ny of	the	facts	here in	me	entio	ned are	foun	d to	o be	incor	rect	or
false a	at	a future	date, my	serv	ice n	nay be	e termir	nate	d.							

2.	I hereby also declare that I shall maintain properly the other family members who
were d	ependent 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
family i	members are being neglected or terminated.

Dated: 2021	Signature of the Candidate
	Name
	Address
	Tele/Mob No.

COUNTERSIGNED BY GAZETTED OFFICER/ VILLAGE PRADHAN/ SARPANCH

(Seal and signature)

Dated:..... 2021



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

1. son/da		/liss/Mrs /wife of Ex No						
Name		ompassionate Ground Appointme	of	Assam Rifles have been				
аррис	u 101 0	ompassionate Greata Appointme	one rang for the	your 202 1.				
2. grante Rifles:	d Com			mily members have already been assam Rifles/Retired from Assam				
	(a)							
	(b)							
	(c)							
			<u>OR</u>					
			r which I have	against Compassionate Ground been applied for Compassionate				
right to	ove info o dism rity, ar	ormation's are found false at an issed me from service any time	y time even at with the decis	ne best of my knowledge. In case later stage, department will hold sion of Assam Rifles Competent wholly as deemed fit by the				
		,	Signature of th	ne candidate				
	Husband/Father's Name :							
			Trade					
			Vill	:				
			PO	·				
Place	: '		Dist	:				
			State	:				
Date	:	2021	Pin	:				

COUNTERSIGNED BY GAZETTED OFFICER/ VILLAGE PRADHAN/ SARPANCH



(Seal and signature)

Dated:..... 2021