

Application for compassionate ground appointment

1. Name of the deceased employee:-
2. Designation:-
3. Department where he was last working:-
4. Date of death:-
5. Cause of death:-
6. Death Certificate(copy to be enclosed):-
7. Name of the applicant:-
8. Relationship with the deceased employee:-
9. Age of the applicant:-
(Age proof to be enclosed)
10. Qualification of the applicant:-
(Necessary certificates to be enclosed)
11. Caste to which the applicant belongs:-
(SC/ST/OBC – certificate to be attached)
12. Post applied for:-
13. Number and details of dependent family members:-
(with necessary proof)
14. Details of the address proof:-
15. Brief reasons for the request made:-
16. Any other details which the applicant would like to furnish:-

Signature of the applicant
Name
Place
Date