# No. A-12012/01/2021-Estt.II Government of India Ministry of Science and Technology Department of Science and Technology

Technology Bhawan New Mehrauli Road, New Delhi-110016. Dated: 23<sup>rd</sup> July, 2021.

#### NOTICE

Subject: Compassionate Appointment for the year 2020, DST –Reg.

Applications for Compassionate Appointment for the year 2020 are under consideration in this Department. However, the affidavits and related documents have not been received in respect of the following applicants despite multiple reminders about the same :

- (1) Ms. Suman Kumari, D/o Late Sh. Amar Singh, Daftry, DSIR.
- (2) Sh. Deepak Kumar, S/o Late Sh. Pyare Lal, Caretaker, DST.
- (3) Sh. Sandeep Yadav, S/o Late Sh. Gajraj, Peon, DST.
- (4) Sh. Korada Harshvardhan, S/o Sh. Korada Srinivas Rao, Sc'B', DSIR.

2. The above applicants are hereby requested to submit the affidavit and related documents (copy enclosed), within a period of 07 days of this notice, on failure of which, they will not be considered for the appointment on compassionate grounds for the year 2020.

Encl: As above.

(Atin Singh Yadav)

Under Secretary to the Government of India

To.

Dr. Sanjay Kumar Mishra, Scientist 'G', DST with the request to upload the same on the website of DST.

File No. A - 12012/01/2021 - Es	stt.l	ı
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Date:

つる<sup>+d</sup>July,2021

To,

Subject: Appointment on Compassionate grounds in DST for the year 2020-reg.

I am directed to say that your case is under consideration for compassionate appointment in DST. In this regard, you are requested to submit the following documents: -

- 1) Self-attested copy of your Educational Qualification Certificate.
- 2) Self-attested copy of your Date of Birth Certificate.
- 3) Death Certificate of the deceased government employee of DST/ DSIR/ DBT.
- 4) Your Address Proof.
- 5) Consent letter from other dependents duly filled in (format enclosed).
- 6) Affidavit (format enclosed) duly filled in and signed by Magistrate/Notary Public.
- 7) Undertaking regarding marital status (format enclosed).
- 8) Self-attested copy of the bank statement of last six months of all the dependents of the deceased government employee.
- 9) A copy of Pan Cards of all the dependents of the deceased government employee.
- 2. Please note that if it is found that the Affidavit contains false/incorrect information, it shall lead to rejection of your application for consideration for offer of employment under the compassionate category. Further, if after the issue of offer of appointment consequent upon joining duty, if any content of the Affidavit is found to be false/ incorrect, it shall lead to cancellation of the offer of appointment and / or termination of your services forthwith. You are, therefore, advised to carefully read and understand the contents of the Affidavit and ensure that only correct information is provided, duly supported by documents / records which can be verified. For any clarification / assistance in preparing the Affidavit, Shri Utkarsh Mishra, Assistant Section Officer (Tel: 26590318), may be contacted.
- Please note that your application will be verified for fulfillment of eligibility conditions, as laid down in DoP&T's O.M. No. 14014/02/2012-Estt. (D) dated 16<sup>th</sup> January, 2013 and clarifications from time to time. Your application will be assessed on a 100-point scale containing different parameters as approved by DST (O.M. No. A-12012/02/2019-Estt.II dated 20/08/2019). The final result would be put up on the website of this Department.
- 4. You are required to submit the requisite documents and produce the original of the same in this Department latest by 31<sup>st</sup> July, 2021 (by 5:30 p.m.) failing which your candidature is liable to be cancelled for consideration of compassionate appointment.

Yours faithfully,

(Atin Singh Yadav) Under Secretary to the Goyt, of India

### Enclosures:

- 1) Consent Letter format.
- 2) Affidavit format.
- 3) Undertaking regarding Marital Status format.
- 4) Pro forma regarding employment of dependents of Government Servants dying in harness.

## <u>UNDERTAKING</u>

i, 5nn/5int	SON/Q	augnier/whe or Late
Shri/Smt	resident of	
		(full
address)		
hereby undertake that:		
i) I am married since (Date of spouse and children are as t	of marriage), and the follows.	e names of my
a)		
b)		
c)		
ii) I am unmarried.		
** Please strike off either (i)	or (ii) whichever is not applicable.	
Place	Signature	
Date	Name	

<u>C</u>		other dependent family	<u>members</u>
	Of Late Shri/Smt Designation:	, DST/DBT/DSIR.	and the second s
Subject:	Application for appointn	nent under the Compassiona	te category.
Reference:	Application dated	from	•
Shri			Son/Daughter/Wife of
Late Shri/Sm	ıt	(d	eceased Govt. servant)
		n compassionate grounds to	
members of t	he Government servant dyin	g in harness.	
2. We, t	he other dependent family r	nembers of the deceased Gov	vernment servant Shri/
	· ·	e no objection if the said appo	
applicant Shr	i	and hereby give our conse	nt for the same.
	ess and dated signatures ovt. servant (other than the	f all the adult dependent fa applicant)	mily members of the
(1)			
(2)			
(3)		· .	
(4)			

## <u>Affidavit</u>

I, (de	son/daughter/widow of Shri/ Smt.  ceased Govt. servant), Resident of
	have made an application for grant of ointment on compassionate grounds to a dependent family member of Govt. servant (dying arness) or who is retired on medical grounds, vide my application dated
	I hereby solemnly affirm and declare as follows:
1.	That, I am one of the dependent family member of the deceased Govt. servant Shri/ Smt.  and other adult dependent family members, whose details are
	given below have given consent that I may be considered for grant of appointment under compassionate category.
2.	That, the details of all the dependent family members of the deceased Govt. servant Shri/Smt are as follows (including the applicant): (Note: In case of married dependent daughters is such applicant, details of marital family i.e. husband/children along with present address/occupation should also be provided).

S. No.	Name & address of the dependent family member	Relationship with deceased	Sex	Date of birth/ age	Marital Status	Whether employed, if yes, the details, whether in Govt./ Semi Govt./ Pvt./ Regular/ Temporary/ Daily Wages	Monthly income/ earning from all sources including employment, business, rental income etc.
1							
2				····			
3							
4							
5							
6						· ·	
7						-	
, 8							, u
9							
		Total mon applicant)	thly	income	of the 1	family (including	, s

3. I also hereby declare that out of the dependent family members stated in para 2 above, following are the unmarried daughters of the deceased Govt. servant Shri/ Smt.

Sl. No.	Name	Date of birth/ age	Educational Qualification	Occupation
1.				
2.				
3.				
4.				
5.				

	servant S	e details of movable/ immovable property, either in the n Shri/ Smt or myself or any other deceased are as follows:	
-	(i)	No. of 2-wheeler vehicles (Scooter/ Motorcycle etc.)	:
	(ii)	No. of 4-wheeler vehicles (carlinen etc.)	•

(iii)	Details	of the	residential	property:

Location & details	Plot area (in sq.ft)	Built up area (in sq.ft.)	Whether used for self occupation or rented out	If rented out, the monthly renta income
•				
·				

(iv) Agricultural land:

Location & details	Area (in acres)	Monthly income, if any, from agricultural land
•		

(v) Commercial property:

Location & details	Area (in sq. ft)	Monthly income from commercial property, if any

5.	That, the following are th	e details of liabilit	ies in the name of	deceased Govt.	servant Shri/
	Smt.	and/ or dep	endent members o	of the deceased (	Govt. servant
	(bank loans/Govt loan/	loans from other	reputed lending	agencies to be	e given, but

excluding private/ family loans which are non-verifiable, as on the date of death of Govt. servant):

S.No.	Nature of loan	Amount (as on date of death of deceased)	Copies of documents enclosed in support of claim
(i)	Bank loans payable		
(ii)	Govt. loans payable		
(iii)	Loans from other lending agencies payable		
(iv)	Other tangible liabilities verifiable as per documents / specify)		
	Total		
(Please		nents/ certificates from	the banks/ lending institutions.)

I hereby also declare and undertake the compassionate category, I will support the o deceased Shri/ Smt. unmarried daughters.	ther dependents/ far	mily members of the
		(Applicant) Deponen
		<i>i.</i>
Verification: Verified at Delhi, this contents of the Affidavit are true and correct and nothing has been concealed therein.		
		(Applicant) Deponent