



भा.कृ.अ.प.- केन्द्रीय बकरी अनुसंधान संस्थान
ICAR-CENTRAL INSTITUTE FOR RESEARCH ON GOATS
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दिनांक:19/08/2020

परिपत्र/ CIRCULAR

यह संस्थान अनुकंपा नियुक्ति के लिए आवेदनों की जांच और अंतिम रूप देने की प्रक्रिया में है। संस्थान के पूर्व कर्मचारी, जिनका कार्य के दौरान निधन/चिकित्सा के आधार पर सेवानिवृत्ति/लापता हो गए हो, के आश्रित परिवारों के सदस्य एवं आवेदक उनके पैन एवं आधार कार्ड की सत्यापित प्रतियां और बैंक खाते के पिछले एक वर्ष (2019-20) के लेनदेन का पूर्ण विवरण अपने आवेदन पत्र के निर्धारित प्रारूप (प्रतिलिपि संलग्न) के साथ संस्थान के भर्ती एवं पदोन्नति अनुभाग में दिनांक 29/08/2020 तक जमा कर सकते हैं। वे आवेदक, जिन्होंने पहले से ही अपने आवेदन जमा किए हैं, उन्हें भी फिर से जमा करने होंगे।

इस परिपत्र के जारी होने की तिथि से लेकर नियत तारीख (29/08/2020) तक प्राप्त आवेदनों पर ही, इस संबंध में डीओपीटी, भारत सरकार और भा.कृ.अनु.प. द्वारा जारी दिशा निर्देशों के अनुसार, विचार किया जाएगा।

This Institute is in the process of scrutinizing and finalizing of the applications for Compassionate Appointment. The applicants as well as dependent family members of those employees of the Institute, who have died in harness / retired on medical ground/ missing employees, may submit their applications in the prescribed format (copy enclosed), along with attested copies of their PAN and Aadhar Card and last one year's (2019-20) transaction detail of Bank Account to the R&P Section of the Institute by 29/08/2020. Those applicants, who have already submitted their applications, should also submit it again; with the updated information as stated above.

Only those Applications that are received from the date of issue of this circular to the due date i.e. 29/08/2020 will be processed and considered in the light of instruction issued by the DoPT. GoI and ICAR in this connection.

(सुमित कुमार जिन्दल)
वरि. प्रशासनिक अधिकारी

संलग्नक: उपरोक्तानुसार

ANNEXURE

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 the 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/Her relationship with the Government servant. _____
- (c) Date of birth. _____
- (d) Educational Qualifications. _____
- (e) Whether any other dependent family member has been appointed on compassionate grounds. _____

III. Particulars of total assets left including amount of	_____
(a) Family Pension	_____
(b) D.C.R. Gratuity	_____
(c) G.P.F. Balance	_____
(d) Life Insurance Policies (including Postal Life Insurance)	_____
(e) Moveable and Immovable properties and annual income earned therefrom by the family.	_____
(f) C.G.E. Insurance amount	_____
(g) Encashment of leave	_____
(h) Any other assets.	_____
Total	_____
(IV). Brief particular 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.

VI.

DECLARATION/UNDERTAKING

1. 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 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:- _____

Shri/Smt/Kum _____ is known
to and the facts mentioned by him/her are correct.

Date:

Signature of permanent
Government servant.

Name: _____

Address:- _____

I have verified that the facts mentioned above by the candidate are correct.

Date:

Signature of permanent
Government servant.

Name: _____

Address:- _____

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 Government servant. _____
- (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 not. _____
- (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 Government servant died/retired on medical grounds more than 5 years back, why the case was not sponsored earlier. _____
- (IV) Personal recommendation of the Head of the Department in the Ministry/Department/Office.
(With his signature and office Stamp/seal) _____