

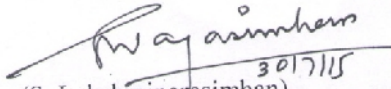
**OFFICE OF THE ACCOUNTANT GENERAL (G&SSA),  
ODISHA, BHUBANESWAR**

No. AG(G&SSA)/CA Verification Cell/2015-16/845      Dated 30 July 2015

**Sub: Application under Compassionate Appointment Scheme – regarding.**

Applications under Compassionate Appointment Scheme for the Panel year 2015-16, in prescribed format, are invited from eligible legal heirs/ claimants of deceased employees who had served in the Offices of **Accountant General (General & Social Sector Audit)**, Odisha, Bhubaneswar, formerly known as Principal Accountant General (Civil Audit)/ Accountant General (Audit-1) or **Principal Accountant General (Economic & Revenue Sector Audit)**, formerly known as Accountant General (Commercial, Works and Revenue Audit)/Accountant General (Audit-II) or Deputy Director (Central Revenue Audit). Applications complete in all respects should reach the undersigned **on or before 14 August 2015**. Application forms are available in the official website of AG Odisha, i.e. [www.agodisha.gov.in](http://www.agodisha.gov.in) . Application forms may be downloaded from the official website or collected from the **Compassionate Appointment Cell, 2<sup>nd</sup> Floor**, in the Office of the Accountant General (G&SSA), Odisha, Bhubaneswar-751001 on all working days

For any further information, candidates/dependents of deceased Government servants may contact Welfare officer over telephone No: **0674-2395926**.

  
(S. Lakshminarasimhan)  
Deputy Accountant General(Admn)

PROFORMA REGARDING EMPLOYMENT  
OF DEPENDANTS 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 Govt. 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 candidates for appointment	
	b) His/her relationship with the Govt. Servant	
	c) Date of Birth	
	d) Educational Qualification	
	e) Whether any other dependent family member has been appointed on compassionate grounds?	
	f) Contact number( landline/mobile)	
	g) Present address	
	h) Permanent address	
III	Particulars of total assets left including amount of	

	a) Family Pension	
	b) Death-cum-Retirement Gratuity	
	c) GPF Balance	
	d) Life Insurance Policies( including Postal Life Insurance)	
	e) Movable and immovable properties and annual income earned there from by the family	
	f) CGE Insurance amount	
	g) Encashment of Leave	
	h) Any other assets	
	TOTAL	
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)	

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

## 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 I(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:

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

Date:

Signature of a Permanent Government Servant

Name:

Address:

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

Date:

Signature of a Permanent Government Servant

Name:

Address: