

By e-mail

F.No. ESTT M-1701/5/2022-ADMIN-MIN ESTT - 6980

Government of India
Ministry of Jal Shakti
Central Ground Water Board
Department Water Resources, RD & GR
Bhujal Bhavan
NH IV, Faridabad 121 001
Dated :

To,

21 NOV 2023

(1) The Regional Director

Central Ground Water Board
WCR, Ahmedabad/ NWR, Chandigarh/ NR, Lucknow/ SECR, Chennai/ MER,
Patna/ CR, Nagpur/ NER, Guwahati/ NWHR, Jammu/ SR, Hyderabad/ SER,
Bhubaneswar/ WR, Jaipur/ NCR, Bhopal/ NCCR, Raipur/ SWR, Bangalore/
ER, Kolkata/ KR, Trivandrum/ UR, Dehradun/ NHR, Dharamshala/ RGI,
Raipur

(2) The Executive Engineer

Central Ground Water Board
Division I, Ahmedabad/ II, Ambala/ III, Varanasi/ IV, Chennai/ V, Ranchi/
VI, Nagpur/ VII, Guwahati/ VIII, Jammu/ IX, Hyderabad/ X, Bhubaneswar/
XI, Jodhpur/ XII, Bhopal/ XIII, Raipur/ XIV, Bangalore/ XV, Kolkata/ XVI,
Bareilly/ XVII, Dharamshala

(3) The Officer-In-Charge

Central Ground Water Board
State Unit Office, Agartala/ Shillong/ Itanagar/ Allahabad/ Ranchi/
Belgaum/ Jodhpur/ Pune/ Vishakhapatnam/ JNH, New Delhi/ CGWA, New
Delhi

Sub: Furnishing information in Annexure-1 for consideration of candidature for compassionate appointment in CGWB.

Sir,

I am directed to state that the information i.e. details of family pension, monthly income, value of movable/immovable property, number of dependents, number of unmarried daughter and number of minor children from the candidates for compassionate appointment are required for processing the case further.

In this context, all the offices of CGWB are requested to advised the candidates to submit desired information mentioned above in Annexure-I. The concerned Head of Office are also requested to verify the information furnished by the candidates, signed and send to this office latest by 30.11.2023.

This issues with the approval of Competent Authority.

Yours faithfully,

Digitally Signed by
Nityanand
Date: 21-11-2023 12:23:30
Reason: Approved

NITYANAND
Administrative Officer
Government of India
Ministry of Jal Shakti
Department of Water Resources, River
Development & Ganga Rejuvenation
Central Ground Water Board
Faridabad

**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)	DCR Gratuity	:	
	(c)	GPF Balance	:	
	(d)	Life insurance policies (including Postal Life Insurance)	:	
	(e)	Moveable and immoveable 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)				
S. No.	Name (s)	Relationship with the Government servant	Age	Address	Employed or not (if employed particulars of employment and emoluments)
(1)	(2)	(3)	(4)	(5)	(6)
1					
2					
3					

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:

Mobile No:.....

Email ID.....

Certified that the above facts have been verified from the office record and found correct.

Verified and signed by the Head of Office.

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) _____