



भाकृअनुप - भारतीय पशु-चिकित्सा अनुसंधान
संस्थान

इज़ातनगर, बरेली - 243122 (उत्तर प्रदेश)

ICAR - Indian Veterinary Research Institute

Izatnagar, Bareilly - 243122 (Uttar Pradesh)

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मि०सं०- 27-1/2019-MRDPC

दिनांक - 16/05/2020

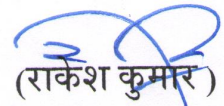
परिपत्र

यह संस्थान अनुकंपा नियुक्ति के लिए लंबित आवेदनों को जाँचने और अपडेट करने की प्रक्रिया में है। संस्थान के पूर्व कर्मचारियों, जिनका कार्य के दौरान निधन /चिकित्सा के आधार पर सेवानिवृत्ति/लापता हो गए हो, के आश्रित परिवार के सदस्य एवं आवेदक उनके पैरन एवं आधार कार्ड की सत्यापित प्रतियाँ और 31/03/2020 तक बैंक खाते के पिछले एक वर्ष (2019-20) के लेनदेन का विवरण अपने अद्यतन आवेदन पत्र के निर्धारित प्रारूप (प्रतिलिपि संलग्न) के साथ संस्थान के MRDPC अनुभाग में जमा कर सकते हैं। वे आवेदक, जिन्होंने पहले से ही अपने आवेदन जमा किए हैं, उन्हें फिर से जमा करने की आवश्यकता नहीं है, हालांकि उन्हें ऊपर बताए अनुसार अद्यतन जानकारी प्रस्तुत करना जरूरी है।

केवल नियत तारीख(23/05/2020) तक प्राप्त आवेदनों पर ही, इस संबंध में डीओपीटी, भारत सरकार और भा०कृ०अनु०प० द्वारा जारी दिशा निर्देशों के अनुसार, विचार किया जाएगा।

This Institute is in the process of scrutinizing and updating of the pending applications for compassionate appointment. The applicants as well as dependent family members of those employee of the Institute, who died in harness / retired on medical ground/ missing employee, may submit their updated applications in the prescribed format (copy enclosed), along with attested copies of their PAN and Aadhar Card and upto 31/03/2020 last one year's (2019-20) transaction detail of Bank Account to the MRDPC Section of the Institute by 23/05/2020. Those applicants, who have already submitted their applications, need not to submit it again; however they are required to submit the updated information as stated above.

Only those Applications that are received upto the due date i.e. 23/05/2020 will be processed and considered in the light of instruction issued by the DoPT, GoI and ICAR in this connection.


(राकेश कुमार)

संयुक्त निदेशक (प्रशासन)

संलग्नक : उपरोक्तानुसार

FORM FOR SEEKING COMPASSIONATE APPOINTMENT BY DEPENDENTS OF GOVERNMENT SERVANTS DECEASED WHILE IN SERVICE OR RETIRED ON MEDICAL GROUNDS

PART-A

- I. (a) Name of the Government servant (Deceased/retired on medical ground)
- (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 Qualification
- (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 & 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					

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.....