



भारतीय कृषि अनुसंधान परिषद
INDIAN COUNCIL OF AGRICULTURAL RESEARCH
कृषि भवन, डॉ० राजेंद्र प्रसाद रोड, नई दिल्ली

KRISHI BHAWAN, DR. RAJENDRA PRASAD ROAD, NEW DELHI 110 001

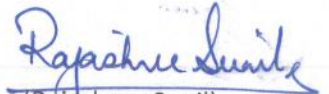
No. 22 (09)/2017-Estt.III

Dated: 13th May, 2020

Circular

The process of appointment under Compassionate Appointment Scheme has been initiated at ICAR HQ, New Delhi for dependent family member of an employee of ICAR HQ dying in harness/ retired on medical grounds/ missing employees as per rules. Those who are desirous of being considered for appointment on compassionate grounds may submit their applications in the prescribed format (copy enclosed), along with attested copies of their Aadhar Card/ Pan Card as well their bank passbook for the last 6 months (upto 30.04.2020), to the undersigned by 22.05.2020. The requests will be processed and considered against available vacancy(ies) in the light of GoI/ ICAR instructions on the subject.

Only those applications that are received by the due date will be considered.


(Rajashree Sunil)

Under Secretary (Admn.)
Room No. 303, Krishi Bhawan
New Delhi-110001
Phone: 011-23046662
Email: rajashreesunil.icar@nic.in

Encl: As above

Copy to: Media Unit, for placing the copy on ICAR website



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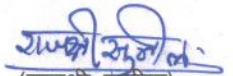
मि.सं. 22(09)/2017-स्था. (3)

दिनांक: 13 मई, 2020

परिपत्र

परिषद मुख्यालय में अनुकंपा के आधार पर नियुक्ति योजना से संबंधित कार्य परिषद मुख्यालय, नई दिल्ली के पूर्व कर्मचारी, जिनका कार्य के दौरान निधन/ चिकित्सा आधार पर सेवानिवृत्ति/ लापता कर्मचारी हो गया हो, के ऊपर आश्रित पारिवारिक सदस्य को मुख्यालय में अनुकंपा के आधार पर नियुक्ति हेतु उचित कार्यवाई शुरू हो चुकी है। इस संबंध में जो भी आश्रित पारिवारिक सदस्य आवेदन देना चाहता है वह अपना आवेदन निर्धारित प्रारूप (प्रतिलिपि संलग्न), अपने आधार कार्ड/ पैन कार्ड की अनुप्रमाणित प्रति एवं पिछले 6 माह की बैंक पासबुक का ब्योरा (30.04.2020 तक), में अधोहस्ताक्षरी को दिनांक 22.05.2020 तक भेजने की कृपा करें। इस संबंध में प्राप्त आवेदनो को भारत सरकार/ भा.कृ.अनु.प. द्वारा अनुकंपा के आधार पर नियुक्ति से संबंधित अनुदेशों के आधार पर ही संसाधित किया जाएगा।

केवल 22.05.2020 तक परिषद मुख्यालय में प्राप्त आवेदनों को उचित कार्यवाई द्वारा मान्य किया जाएगा।


(राजश्री सुनील)

अवर सचिव (प्रशा.)

कमरा सं.303, कृषि भवन

नई दिल्ली-110001

फोन: 011-23046662

ईमेल: rajashreesunil.icar@nic.in

संलग्न: उपरोक्त

मीडिया एवं सूचना इकाई, इसकी प्रति परिषद की वैबसाइट पर डालने हेतु

**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.....