

ANNEXURE-I

To
The Principal Chief Personnel Officer
CLW/Chittaranjan

Respected Sir,

Sub: Prayer for appointment on compassionate ground for the category of post
of _____ in level _____

I, Smt. _____ like to inform you that my husband, Shri _____, Ex.Designation _____ Ex.T/No. _____ Ex.Employee No. _____ B.U.No. _____, working under _____ has breathed his last on _____ and accordingly his services has been terminated vide office order No. _____ dated _____ w.e.f. _____.

That sir, untimely termination of services due to sudden death of my husband has brought acute financial hardship to maintain our family which consisting of the following members.

Sl.No.	Name	Relationship	Date of Birth	Occupation (If employed, give details)

Particular in respect of the candidate for whom employment is sought for are furnished below:-

1.	Name of the candidate: (Block Letters)	
2.	Relationship of the candidate with the deceased employee:	
3.	Date of Birth (As per school certificate)	
4.	Educational Qualification:	
5.	Caste (SC/ST/OBC/UR):	
6.	Address with Contact Number:	

Details of the property owned by the family:

- a) Landed Property _____
- b) Dwelling House _____
- c) Bank/Cash Balance _____

Sir, I pray to your good self to kindly consider my appeal for a suitable employment in your esteemed organization, as per eligibility of Myself/Son/Daughter for Group – ‘C’/’D’ category for the post of _____ in Level _____ on Compassionate ground as a Bread earner of the family.

Thanking you,

Yours faithfully.

DA: _____

Dated:

Signature: _____

Name in full _____

Address: _____

Declaration/Undertaking

- 1) I do hereby declare that the above information and documents furnished by me are true to the best of my knowledge. In case my declaration/particulars are not found true at any stage my application will be treated as cancelled and employment, if provided to the candidate may be terminated.

- 2) I also hereby declare that my application dated _____ for appointment of Myself/Son/Daughter (Name _____) on compassionate ground is the first and only application for this purpose. No other application in this regard has been submitted earlier and no other appointment on compassionate ground has been considered against the same case.

Signature of applicant

Name: _____

Date: _____

ANNEXURE-II

To
The Principal Chief Personnel Officer
CLW/Chittaranjan

Passport
photograph duly
signed by the
candidate

Respected Sir,

**Sub: Prayer for appointment on compassionate ground for the category of post
of _____ in level _____**

I, Shri/Smt./Miss _____ widow/son/daughter
of Late/Shri _____, Ex.Designation _____
Ex.T/No. _____ Ex.Employee No. _____ B.U.No. _____,
working under _____ is hereby submitting my application for
consideration of employment as bread earner of the family on compassionate ground to look
after & maintain the family members properly who are dependent on the Ex.Railway employee
as stated above.

My Bio-Data is given below:-

1	Name of the candidate: (in block letters)	
2	Father's Name:	
3	Mother's Name:	
4	Husband's Name:	
5	Relationship with the deceased employee:	
6	Date of Birth: (Supporting documents to be attached)	
7	Whether SC/ST/OBC/UR (Copy of caste certificate to be enclosed):	
8	Educational Qualification: (Photocopy of certificates to be attached)	

9	Technical Qualification (if any): (Photocopy of certificates to be attached)	
10	Present occupation:	
11	If employed or self employed, details particulars of the employment:	
12	Present Address:	
13	Permanent Address (Other than Railway accommodation):	
14	Post & Level applied/prayed for:	
15	Any other information:	

I therefore, request you to kindly extend your sympathetic consideration to provide suitable employment as prayed for in your organization in favour of me as a bread earner of the family on compassionate ground for the survival of the bereaved family.

I do hereby declare that if any employment is being provided by the CLW Administration to me, I shall maintain the other family members properly who are dependent on the Ex.Railway employee, otherwise my appointment may be terminated forthwith for neglecting or not being properly maintained the family members.

Thanking you,

DA:

Yours faithfully,

Dated:

Signature: _____

Name: _____

Widow/Son/Daughter of _____

Countersigned

Signature of widow spouse/Mother/Father

DECLARATION OF SON/DAUGHTER OF DECEASED EMPLOYEE FOR
“NO OBJECTION TO CONSIDER COMPASSIONATE APPOINTMENT
TO HIS/HER BROTHER/SISTER.

I, Shri/Smt./Miss _____ Son/Daughter of
Late/Shri/Smt. _____
Ex.Designation _____ Ex.T/No. _____ Employee
No. _____ Residing _____ at

_____ do hereby declare that I have no objection
if CLW Administration consider the request of compassionate appointment in favour of my
Brother/Sister Shri/Smt./Miss _____
consequent on the Death/Medical Unfit / Missing of my father/mother Late/Shri/Smt.
_____, as a result his/her service has been
struck off the roll of CLW w.e.f. _____ vide office order/E.O.
No. _____ dated _____.

Signature with date: _____

Full Name: _____

Relationship with deceased employed

Address: _____

Witness by any two person of the locality:-

1. Signature with date: _____

Name: _____

Address: _____

2. Signature with date: _____

Name: _____

Address: _____

ANNEXURE-VI

Particulars of all family members of the Railway servant
(Name: _____)

(If employed, their income and whether they are living together or separately).

Sl. No.	Name(s)	Relationship with the Government servant	Age	Address	Employed or no (if employed, particulars of employment and emoluments)

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 declare that I shall maintain properly the other family members who have been dependent (details given above) on Railway servant mentioned above and in case it is proved at any time that the said family members are being neglected or not being properly maintained by me further during the period of their dependency my appointment may be terminated.

Date: _____ (Signature/LTI of the candidate)

Witness: Name: _____

Signature/LTI of applicant Address: _____

Name: _____

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

Date: _____ (Signature of the Welfare Officer)

Name: _____

Designation: _____

(Stamp)

IDENTITY CERTIFICATE

Certified that Shri/Smt./Miss _____

who is the son/daughter/widow of Shri/Late _____

Residing at _____

*Passport
photograph
duly signed by the
candidate and
attested by the
issuing authority*

is known to me for the last _____ years _____ months and to the best of my knowledge and belief that he/she bears respectable character and has no antecedents which render him un-suitable for Government Employment.

The signature and Left Thumb Impression (L.T.I.) of Shri/Smt./Miss _____
_____ are obtained below in my presence and his/her photograph is pasted above duly attested by me.

Shri/Smt./Miss _____ is not related to me. This certificate is being issued to avoid impersonation at the time of employment in Chittaranjan Locomotive Works, if so offered.

Signature of the candidate

Signature of the authorized person

Name: _____

L.T.I. of the candidate

Designation with seal _____

L.T.I./Signature of the Father/Mother/Guardian

Full Name: _____

N.B.:-

(A) Certificate to be signed by the following authority when the candidate is residing at Chittaranjan.

1. Area committee members concerned.
2. Vice Warden concerned
3. Gazetted officer.

(B) Certificate to be signed by the following authority when the candidate is residing outside Chittaranjan.

1. BDO
2. C.O.
3. Chairman of Municipal Corporation
4. Gazetted officer
5. Doctor of the locality
6. Mukhiya/AnchalPradhan of the locality.