

DECLARATION/UNDERTAKING

1. I hereby declare that I have applied for appointment on compassionate ground as dependent being(Relation) of Shri/Smt.(deceased/retired on medical ground).
2. I hereby also declare that there is no dispute in my family for applying for compassionate appointment by me. The consent in my form has been given by all the dependents of the family.

Date:

Signature of the applicant

Name: _____

Present Address: _____

Permanent Address: _____

Email ID: _____

Mobile No. _____

Consent by dependents of deceased employee in favour of applicant.

(Separately by each dependent)

I hereby give my consent that Shri/Smt./Kum..... who is.....(relation) of Shri/Smt.....(deceased/retired on medical ground) can apply for compassionate appointment against the death/retirement on medical ground of Shri and I will not dispute this in future.

Signature of dependent member of deceased official:

Witnesses:

Name and signature

1. Name and signature

2. Name and signature

