

भाकअनुप-केन्द्रीय रोपण फसल अनुसंधान संस्थान

कासरगोड़ - 671124, केरल, भारत

ICAR-Central Plantation Crops Research Institute Kasaragod 671124, Kerala, India

(An ISO 9001:2015 Certified Institution)

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Date: 08.04.2022

Azadi _{Ka} ^{Antrit} Maĥotsav

F.No.2(2)Com. Appt./2020-Estt.

CIRCULAR

The process of appointment under Compassionate Appointment Scheme is under process at ICAR-CPCRI Kasaragod for dependent family member of an employee of ICAR-CPCRI 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 as their bank passbook for the last 6 months (up to 31.03.2022), to the undersigned by 25.04.2022. The requests will be processed and considered against available vacancy(s) in the light of GOI/ICAR instructions on the subject.

Only those applications that are received by 25.04.2022 will be considered.

Hareesh Nair)

Chief Administrative Officer (Sr. Grade)

Encl: as above.

Distribution:

- 1. The individuals concerned
- 2. Institute Website
- 3. Notice Boards



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

		A.		PART-A				
1.	(a) Name of the Government servant (Deceased/retired on medical ground)						***************************************	
1.	(b) Designation of the Government Servant						**********	
	(c) Whether it is MTS(erstwhile Group 'D')or not?					*************************	***********	
	(d) Date of Birth of the Government Servant						******	
					***************************************	1		
	(e) Date of death/retirement on medical grounds				*** *** *** *** *** * * * * * * * * * *	***************************************		
£1=	(f) Total length of Service Rendered				****************************			
	(g) Whether permanent or temporary				*********************			
	(h) Whether belonging to SC/ST/OBC					*****************************	************	
11.	(a) Name of the candidate for appointment					********************	*************	
111	(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							
	Particulars of total assets left including amount of							
	(a) Family Pension					*** ************************		
	(b)D.C.R. Gratuity					************************	2 M	
	(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				>+* *C+ > * 4 + 4 + 7 * 4 + 7 * 4 + 4 * 4 * 4 * 4 * 4 * 4 * 4 * 4 * 4			
	(g) Encashment of leave					***************************		
	(h) Any other assets					*** *** *** *** *** *** *** *** *** *** *** ***		
	Total					CAN VIT XXE CES CON AMO BYS 261 (% 6 F CS APS F C)	********	
IV.	Brief particular o	of liabilities, if any.				*** ***	************	
٧.	Particulars of all dependent family members of the Government servant (if							
Ψ,	Some are emplo	yed, their income and	d whether	or they are living to	gether or ser	parately		
CALO		Relationship with	Age	Address		Employed or not if em	ployed	
S.No.	Name(s)		Age	Address		particulars of employs		
		Govt. servant				emoluments)		
						Elliginilicite)		
1								-
2								-
3								
			<u> </u>					
VI.	Declaration/Un	dartaking						
	1 harabi daclare	that the facts given	hu me al	nove are to the h	est of my kno	wledge, correct. If any	of the facts	,
1.	Thereby declare	that the lacts given	Dy IIIe a	- falso at a festure	date my servi	ces may be terminated		
_	nerein mention	ed are round to be inc	orrect o	raise at a ruture	family mam	hars who were denen	dent on the	1
2.	Thereby 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 is						inad by ma	1
	proved at any time that the said family members are being neglected or not being properly maintain						med by me,	1
	my appointment may be terminated.							
Date:		,				¥	'	
	*					Signature of th	e Candidate	2
						Name		4
						Address		
						2012		

DoP&T's OM NO. 14014/02/2012-Estt.(D) dated 16.01.2013