FORM OF APPLICATION FOR APPOINTMENT UNDER THE REHABILITATION ASSISTANCE SCHEME (TO BE SUBMITTED IN DUPLICATE)

PART -I

1. Name of the deceased Government Servant :
2. Designation and Office/ Department of the Govt. Servant :
3. Whether permanent or temporary:
4. Total length of service rendered:
5. Date of death (enclose an attested copy of the death certificate issued by the Health and Family Welfare Department :
6. List of family members as per the legal heir certificate issued by the concerned Tahasildar:
7. Income and status of each of the legal heirs:
8. Is any of the members listed under item 6 has been appointed under compassionate ground, If so, give particulars of such appointment:
9. Total assets of the deceased Government Servant:
(a) Details of immovable property, if any, in the name of deceased Govt. Servant & members of Family:
(b) Movable property:
(c) Pension, Family Pension and T.I. etc.

PART-II

10. Name of the candidate for appointment. :
11. His/her relationship with the deceased Government servant :
12. Date of birth. :
13. Particulars of Educational/ Technical qualification and experience, if any :
14. Whether belongs to any of the following:
Categories.
(a) S.C./S.T.:(b) Ex-Serviceman:(c) Physically handicapped:(d) Sportsman:
15. The post applied for :
I, Shri/ Smt./ Kumari
Date: Signature of the applicant.

PART-III

Forwarded to Collector for inquiry and report whether the family of the deceased Government servant is in distress financially.

Appointing Authority
(Seal & designation)
PART-IV
(Certificate by Collector of the District)
Certified that the information furnished by the applicant in this application form have been enquired into and found correct/incorrect. The family of the deceased Government employee is in distress/ not in distress. The annual income of the family from all sources excluding Pension and T.I. is Rs for the year,
Forwarded to the
COLLECTOR & DISTRICT MAGISTRATE
(No authority except the Collector & District Magistrate shall sign this certificate).