

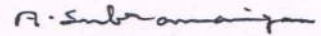
**OFFICE OF THE ACCOUNTANT GENERAL
(G&SSA), ODISHA, BHUBANESWAR**

No. CA Verification Cell/15/ 2972

Date: 27.02.2015

Sub: Application under Compassionate Appointment Scheme- regarding.

Applications under Compassionate Appointment Scheme, in prescribed format, are invited from eligible legal heirs/ claimants of deceased employees who had served in the Offices of Accountant General (General & Social Sector Audit), Odisha, Bhubaneswar, formerly known as Principal Accountant General (Civil Audit)/ Accountant General (Audit-I) or Principal Accountant General (Economic & Revenue Sector Audit): formerly known as Accountant General (Commercial, works and Revenue Audit)/ Accountant General (Audit-II) or Deputy Director (Central Revenue Audit). Applications complete in all respects should reach the undersigned by 13.03.2015. Application forms are available in the official website of AG Odisha, www.agodisha.gov.in . Application forms may be downloaded from the official website or collected from the Compassionate Appointment Verification Cell, 2nd Floor, in the O/o the AG (G&SSA), Odisha, AG Square, Bhubaneswar- 751001 on all working days.



(A.Subramaniyan)
Deputy Accountant General/ Admn.

PROFORMA REGARDING EMPLOYMENT
OF DEPENDANTS OF GOVERNMENT SERVANTS DYING WHILE IN
SERVICE/RETIRED ON INVALID PENSION

Part-A

- I (a) Name of the Government Servant
(Deceased/retired on medical grounds) :
- (b) Designation of the Government Servant :
- (c) Whether it is MTS (erstwhile Group 'D') or not? :
- (d) Date of Birth of the Govt. 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 candidates for appointment :
- (b) His/Her relationship with the Govt. Servant :
- (c) Date of Birth :
- (d) Educational Qualifications. :
- (e) Whether any other dependent family members has been appointed on compassionate grounds ? :
- III Particulars of total assets left including amount of :
- (a) Family Pension :

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 I(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:-

Landline/Mobile No.

Shri/Smt/Kum is known to me and the facts mentioned by him/her are correct.

Date:

Signature of the Permanent Govt. Servant.

Name:-

Address:-

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

Date:

Signature of the Welfare Officer

Name:-

Address:-