



F. No. Admn. 22(02)/2022-Estt. (III)
INDIAN COUNCIL OF AGRICULTURAL RESEARCH
Krishi Bhawan, Dr. Rajendra Prasad Road, New Delhi-110001

Dated the 31st of March, 2022

CIRCULAR

The process of appointment under Compassionate Appointment Scheme is under process at ICAR HQ, New Delhi for dependent family member of an employee of ICAR HQ 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 their bank passbook for the last 6 months (up to 31.03.2022), to the undersigned by 15.04.2022. The requests will be processed and considered against available vacancy(s) in the light of Gol/ ICAR instructions on the subject.

Only those applications that are received by 15.04.2022 will be considered.

(Pawan Kumar Ojha)

Under Secretary (Admn.)

Room No. 207, Krishi Bhawan,

Phone: 011-2304-6678

Email: pojha21@gmail.com

Encl.- As above

Copy to Media Unit. For publishing the same on ICAR website.





मि.सं. प्रशा. 22(02)/2022-स्था. (3)
भारतीय कृषि अनुसंधान परिषद
कृषि भवन, डॉ. राजेंद्र प्रसाद मार्ग, नई दिल्ली-110001

दिनांक 31 मार्च 2022

परिपत्र

परिषद मुख्यालय में अनुकंपा के आधार पर नियुक्ति योजना से संबंधित कार्य परिषद मुख्यालय, नई दिल्ली के पूर्व कर्मचारी, जिनका कार्य के दौरान निधन/ चिकित्सा आधार पर सेवानिवृत्ति/ लापता कर्मचारी हो गया हो, के ऊपर आश्रित पारिवारिक सदस्य को मुख्यालय में अनुकंपा के आधार पर नियुक्ति हेतु प्रक्रियाधीन है। इस संबंध में जो भी आश्रित पारिवारिक सदस्य आवेदन देना चाहता है वह अपना आवेदन निर्धारित प्रारूप (प्रतिलिपि संलग्न), अपने आधार कार्ड/ पैन कार्ड की अनुप्रमाणित प्रति एवं पिछले 6 माह की बैंक पासबुक का ब्योरा (31.03.2022 तक का), में अधोहस्ताक्षरी को दिनांक 15.04.2022 तक भेजने की कृपा करें। इस संबंध में प्राप्त आवेदनों को भारत सरकार/ भा.कृ.अनु.प. द्वारा अनुकंपा के आधार पर नियुक्ति से संबंधित अनुदेशों के आधार पर ही संसाधित किया जाएगा।

केवल 15.04.2022 तक परिषद मुख्यालय में प्राप्त आवेदनों को उचित कार्रवाई द्वारा मान्य किया जाएगा।

पवन कुमार ओझा

(पवन कुमार ओझा)

अवर सचिव (प्रशा.)

कमरा सं. 207, कृषि भवन

फोन: 011-2304-6678

ईमेल: pojha21@gmail.com

संलग्नक: उपरोक्त

प्रतिलिपि: मीडिया एवं सूचना इकाई को इस परिपत्र की परिषद की वेबसाइट पर जारी करने हेतु



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

PART-A

- I. (a) Name of the Government servant (Deceased/retired on medical ground)
- (b) Designation of the Government Servant
- (c) Whether it is MTS(erstwhile Group 'D') or not?
- (d) Date of Birth of the Government 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 candidate for appointment
- (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
- III. Particulars of total assets left including amount of
- (a) Family Pension
- (b) D.C.R. Gratuity
- (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
- (g) Encashment of leave
- (h) Any other assets
- Total**
- IV. Brief particular of liabilities, if any.
- V. Particulars of all dependent family members of the Government servant (if
Some are employed, their income and whether they are living together or separately

S.No.	Name(s)	Relationship with Govt. servant	Age	Address	Employed or not if employed particulars of employment and emoluments)
1					
2					
3					

- 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 1(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.....