

To  
The Registrar  
University of Hyderabad  
Hyderabad

Sub: Request for appointment on compassionate grounds after the death of  
Sri/Smt. \_\_\_\_\_ Id No. \_\_\_\_\_, Designation \_\_\_\_\_

Ref: University circular No: UH/RCC/F-08 CAC/2020-21/7254 dated 10<sup>th</sup> June, 2021

Respected Sir,

In response to your circular, I \_\_\_\_\_, dependant of Late  
Sri/Smt. \_\_\_\_\_, who expired on \_\_\_\_\_, seek to apply for  
appointment on compassionate grounds.

I enclose herewith the following documents:

*(Please indicate clearly with a (✓) on 'Yes' if the document is submitted, and a (✓) on 'No' if the document is not submitted.)*

1	Form Part -A	Yes	No
2	Copy of the Death Certificate of the Deceased Employee	Yes	No
3	Copy of the Family Pension order issued by the University	Yes	No
4	Copy of Ration Card showing the name of the deceased employee & the applicant.	Yes	No
5	No Objection Certificate from each dependent member.	Yes	No
6	Photocopies of documentary proof of date of birth, Educational Qualifications/ School Leaving Certificates/ Birth certificate in respect of applicant.	Yes	No
7	Three Passport size Photographs of the applicants	Yes	No
8	Caste Certificate (in case of SC/ST/ OBC category).	Yes	No
9	Disability Certificate issued by the Medical Board constituted by the Central or State Govt. (in case of persons with Disability category).	Yes	No
10	Marriage Certificate of the applicant and all dependent members.	Yes	No
11	Copy of Present Residential proof.	Yes	No
12	Copy of present employment proof of the applicant and all dependent members like pay slip, experience certificate etc.	Yes	No
13	Copy of registered documents of property(ies) & electricity bill / water bill/ property tax	Yes	No
14	Copy of electricity bill / water bill in case of unregistered properties.	Yes	No
15	Document of insurance policies, bonds, fixed deposits, mutual funds & NSS	Yes	No

Encls: As stated.

Yours faithfully

Signature of the Widow/Widower / (or) Right Thumb Impression	Signature of the Applicant Name of the Applicant :
Date : Place :	Date : Place :

**PROFORMA REGARDING EMPLOYMENT OF DEPENDANTS OF UNIVERSITY  
EMPLOYEES DYING IN HARNESS / RETIRED ON INVALID PENSION**

**PART - A**

**I. Particulars of the University Employee (Deceased / Retired on medical grounds/ Missing)**

(a)	Name of the University Employee (Deceased / Retired on medical grounds/ Missing)	
(b)	Designation & Id No. of the Employee	
(c)	Date of birth of the employee	
(d)	Date of joining in the University	
(e)	Whether permanent or temporary	
(f)	Total length of service rendered	
(g)	Date of death / retirement on medical grounds/ Missing	
(h)	Cause of demise	
(i)	Whether belonging to SC / ST / OBC / PWD	
(j)	No. of Dependants	
(k)	No. of Unmarried Daughters	
(l)	No. of Minor Children	

**II. Particulars of the sum received in respect of the following :**

(a)	Family Pension	
(b)	Death cum Retirement (D.C.R.) Gratuity	
(c)	General Provident Fund (G.P.F.)	
(d)	L.I.C. Policies (including PLI)	
(e)	Group Insurance Scheme (G.I.S.)	
(f)	Benevolent Fund	
(g)	Encashment of leave	
	<b>Total</b>	

<b>III. Details of claimant for appointment on compassionate grounds</b>		
1.	Name of the Applicant (in capital letters )	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">           Passport Size Colour Photograph of the Candidate         </div>
2	His/Her relationship with the employee	
3	Date of birth	
4	Age as on the last date of submission of application	
5	Marital Status If married, date of marriage	
6	Educational qualifications	
7	Whether any other dependent has been appointed on compassionate grounds	
8 (a)	Present Residential Address	
(b)	Phone Number	i) ii)
9	Whether Own / Rented Residence	
10	Type of supporting documents enclosed for residential proof.	
11	Employment, if any	
(a)	Name of the Employer/ Organisation & Address	
(b)	Date of Joining	
(c)	Permanent /Temporary/Outsourcing	
(d)	Monthly Salary	
12	Number of times responded to university notification	

**IV. Particulars of all dependent family members of the employee. All particulars have to be supported by relevant documents.**

S.No.	Name(s)	Date of Birth	Age	Relationship with the employee	Educational Qualifications	Residential Address (Whether Own / Rental)	Employment if any			Marital Status & Date of Marriage
							Name of the Employee	Date of Joining	Monthly Income	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)

**V. Movable /Immovable property including assets received from ancestors or other sources**

Address & Location of the Property	Whether Registered	Name on whom the Property is Registered	Latest Market Value (in Rs.)	Income from the property, if any. (Rent /Lease etc.)	Type of the documents submitted in support of the property
(1)	(2)	(3)	(4)	(5)	(6)

\* NOTE:- Proof of property(ies) is to be submitted

**VI. Details of Insurance policies paid through Quarterly / Half-yearly /Annually/ through or outside the salary mode.**

Name of the Policy Holder	Policy No.	Sum Assured	Table-Term	Name of the Nominee	Amount of claim received, if any. Provide details.
(1)	(2)	(3)	(4)	(5)	(6)

\* NOTE:- Proof of Insurance Policies/claims is to be submitted.

<b>VII. Any Deposits (Bonds, Fixed Deposits, Mutual Funds, NSS etc.):</b>				
Name of the Bank / Institution	Amount Deposited	Period	Interest per annum received	Remarks, if any
(1)	(2)	(3)	(4)	(5)

\* Proof of deposits is to be submitted.

**VIII. Liabilities on the deceased employee, if any.**

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**IX. DECLARATION / UNDERTAKING**

1. I hereby declare that the facts given by me above are true to the best of my knowledge.
2. If any of the facts mentioned herein are found to be incorrect or false at any stage of consideration for appointment or post-appointment, my application may be rejected or services may be terminated.
3. I hereby also declare that if appointed, I shall maintain properly the other family members who were dependent on the Government servant 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.

<p>Signature / (or) Right Thumb Impression of the Widow/Widower</p> <p>Name:</p> <p>Date :</p> <p>Place :</p>	<p>Signature of the Applicant</p> <p>Name of the Applicant :</p> <p>Date :</p> <p>Place :</p>
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**(Certificate from the Permanent In-service University Employee)**

I \_\_\_\_\_, (Name of the in-service university employee) do hereby declare and certify that I have known the family of late Shri/Smt. \_\_\_\_\_ intimately for the past \_\_\_\_\_ years. To my knowledge, none in the family has been appointed in the University of Hyderabad on compassionate grounds so far.

The family of (late) Shri /Smt. \_\_\_\_\_ is presently residing at

\_\_\_\_\_  
\_\_\_\_\_.

Signature of the Permanent in-service  
University Employee

Date: Place:	Name:
	Designation:
	Id. No.:
	Residential Address:
	Contact Phone No.

**NO OBJECTION CERTIFICATE**

(To be submitted by each dependant member, separately)

I \_\_\_\_\_, dependant family member / legal heir of Late \_\_\_\_\_  
Designation \_\_\_\_\_ Id. No. \_\_\_\_\_, University of Hyderabad, have no objection if  
appointment on compassionate grounds is given to Sri/ Smt. / Kum. \_\_\_\_\_  
son/wife/daughter of late Sri \_\_\_\_\_. I shall not stake claim for appointment  
on compassionate grounds.

Signature of the Family Member

Name: \_\_\_\_\_

Date:

Phone No.: i) \_\_\_\_\_

ii) \_\_\_\_\_