भा.कृ.अ.प.–भारतीय सरसों अनुसंधान संस्थान
सेवर, भरतपुर–321303 (राजस्थान)

F. No. 1-7/Rectt.Trans./06

Dated: 14-10-2025

सूचना/NOTICE

भा.कृ.अ.प.–भारतीय सरसों अनुसंधान संस्थान, भरतपुर में अनुकंपा के आधार पर नियुक्ति हेतु इस संस्थान के दिवंगत कर्मचारियों के परिवारों के पात्र उम्मीदवारों से आवेदन आमंत्रित किए जाते हैं। आवेदन पत्र इस सूचना के प्रकाशन की तिथि से दस दिनों के भीतर विधिवत भरे हुए प्रपत्र में इस कार्यालय में पहुँच जाने चाहिए।

अधिक स्पष्टीकरण के लिए अधोहस्ताक्षरी से संपर्क करें।

Applications are invited from the eligible candidates of families of deceased staff of this institute seeking appointment on compassionate ground at this institute. Application in duly filled proforma must reach in this office within ten days from the date of publication of this notice.

The undersigned may be contacted for further clarification.

14/10/25

वरि0 प्रशासनिक अधिकारी / Sr. Admn. Officer

PROFORMA REGARDING EMPLOYEMNT OF DEPENDENTS OF GOVERNMENT SERVANTS DYING WHLE IN SERVICE/ RETIRED ON INVALID PENSION

PART – 1

I	(a)	Name of the Deceased/ (Retired on Invalid Pension)	:	
	(b)	Designation of the employee	:	
	(c)	Date of death/retirement on invalid pension	:	
	(d)	Total length of Service rendered	:	
	(e)	Whether permanent or Temporary	:	
	(f)	Whether belonging to Sc/ St	:	
II	(a)	Name of the Candidate for appointment	:	
	(b)	His/her Relationship with the employee	:	
	(c)	Date of Birth	:	
	(d)	Educational Qualifications	:	
	(e)	Whether any other dependent has been appointed on compassionate grounds	:	
III	Particulars of Total assets left including amount of			
	(a)	Family Pensions	:	
	(b)	D . C. R. Gratuity	:	
	(c)	G. P. F. Balance	:	
	(d)	L . I . Policies	:	
	(e)	Moveable and Immovable properties and annual income earned there from by the family	:	
IV	Brief particulars of Liabilities if any		:	

V Particulars of all dependants of the employee (if some are employed their income and whether they are living together or separately) :

Sl No	Name	Relationship with the employee and age	Employed if not, particulars of empl. and emoluments

DECLARATION

I do hereby declare that the facts given by me above are to the best of my knowledge are correct. If any of the facts herein mentioned are found to be incorrect or false or a future date, my services may be terminated.

Signature of the Candidate.

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

Signature of the Permanent Govt. Servant

Name:
Address:

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

Signature of the Welfare Officer
Name:
Address:

PART – II

a)	Name of the Candidate for appointment	:	
b)	His /Her relationship with the employee	:	
c)	Educational Qualifications, age (date of birth) and experience, if any.	:	
d)	Post for which employment is proposed	:	
e)	Whether the post is to be filled in CSCS or in a non-participating office	:	
f)	Whether the Recruitment Rules provide for Direct Recruitment	:	
g)	Whether the Candidate fulfills the rect. Of the Recruitment Rules for the post	:	
h)	Apart from waiver of employment Exchange procedure what other relaxation are to be given	:	
Whether the facts mentioned in part-I have been verified by the office and if so indicate the records		:	
Personal recommendations of the Head of the Department / Ministry. If the employee		:	