

**PROFORMA REGARDING EMPLOYMENT OF DEPENDENTS OF KENDLRIYA VIDYALAYA  
SANGATHAN EMPLOYEES DYING WHILE IN SERVICE/RETIRED ON INVALID PENSION**

**PART – A**

|     |                                                                                                                                                            |                                          |     |         |                                                                               |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----|---------|-------------------------------------------------------------------------------|
| I   | a) Name of the KVS employee (Deceased/<br>retired on medical grounds)                                                                                      |                                          |     |         |                                                                               |
|     | b) Designation of the KVS employee                                                                                                                         |                                          |     |         |                                                                               |
|     | c) Whether it is group 'D' or not                                                                                                                          |                                          |     |         |                                                                               |
|     | d) Date of Birth of the KVS employee                                                                                                                       |                                          |     |         |                                                                               |
|     | e) Date of Death/Retirement on medical<br>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 KVS<br>employee                                                                                                           |                                          |     |         |                                                                               |
|     | c) Date of Birth                                                                                                                                           |                                          |     |         |                                                                               |
|     | d) Educational Qualifications                                                                                                                              |                                          |     |         |                                                                               |
|     | e) Whether any other dependent family<br>member has been appointed on<br>compassionate grounds                                                             |                                          |     |         |                                                                               |
| III | a) Family pension                                                                                                                                          |                                          |     |         |                                                                               |
|     | b) DCR Gratuity                                                                                                                                            |                                          |     |         |                                                                               |
|     | c) GPF balance                                                                                                                                             |                                          |     |         |                                                                               |
|     | d) Life Insurance Policies (including PLI)                                                                                                                 |                                          |     |         |                                                                               |
|     | e) Movable and immovable properties and<br>annual income earned there-from by the<br>family                                                                |                                          |     |         |                                                                               |
|     | f) CGE Insurance amount                                                                                                                                    |                                          |     |         |                                                                               |
|     | g) Encashment of Leave                                                                                                                                     |                                          |     |         |                                                                               |
|     | h) Any other assets                                                                                                                                        |                                          |     |         |                                                                               |
|     | TOTAL                                                                                                                                                      |                                          |     |         |                                                                               |
| IV  | Brief particulars of liabilities if any                                                                                                                    |                                          |     |         |                                                                               |
| V)  | Particulars of all dependent family members of the KVS employee (if some are employed,<br>their income and whether they are living together or separately) |                                          |     |         |                                                                               |
| SN  | Name(s)                                                                                                                                                    | Relationship<br>with the KVS<br>employee | Age | Address | Employed or not(if<br>employed particulars of<br>employment and<br>emoluments |
| 1.  |                                                                                                                                                            |                                          |     |         |                                                                               |
| 2.  |                                                                                                                                                            |                                          |     |         |                                                                               |
| 3.  |                                                                                                                                                            |                                          |     |         |                                                                               |
| 4.  |                                                                                                                                                            |                                          |     |         |                                                                               |
| 5.  |                                                                                                                                                            |                                          |     |         |                                                                               |

**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 KVS employee 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.

Signature of the candidate: \_\_\_\_\_

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

Address: \_\_\_\_\_

Date: \_\_\_\_\_

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

Signature of permanent KVS employee \_\_\_\_\_

Name & Address: \_\_\_\_\_

Date: \_\_\_\_\_

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

Signature of the Principal/  
Head of Office with Seal

Date: \_\_\_\_\_

**PART – B**

(To be filled in by Office in which employment is proposed)

|     |                                                                                                                                   |  |
|-----|-----------------------------------------------------------------------------------------------------------------------------------|--|
| I   | a) Name of the Candidate for appointment                                                                                          |  |
|     | b) His / Her relationship with the KVS employee                                                                                   |  |
|     | c) Age (Date of Birth), educational qualifications and experience, if any                                                         |  |
|     | d) Post for which employment is proposed and whether it is Group 'C' or 'D'                                                       |  |
|     | e) Whether there is vacancy in that post within the ceiling of 5% prescribed under the scheme of compassionate appointment?       |  |
|     | f) Whether the post to be filled is included in the sanctioned posts for KVs/KVS?                                                 |  |
|     | g) Whether the relevant Recruitment Rules provide for direct recruitment                                                          |  |
|     | h) Whether the candidate fulfils the requirement of Recruitment Rule for the post?                                                |  |
|     | i) Apart from waiver of Employment Exchange / procedure prescribed for recruitment in KVS what other relaxations are to be given? |  |
| II  | Whether the facts mentioned in Part-A have been verified by the Office and if so, indicate the records?                           |  |
| III | If the KVS employee died/retired on medical grounds more than 5 years back, why the case was not sponsored earlier?               |  |
| IV  | Personal recommendation of the Principal / Deputy Commissioner (with his signature and office Stamp/Seal)                         |  |