

भारत प्रातभूत मुद्रण तथा मुद्रा निरतना निगम
Security Printing and Minting Corporation of India Limited

मिनिरतन श्रेणी-1, सीपीएसई
(भारत सरकार के पूर्ण स्वामित्वाधीन)
Miniratna Category-I, CPSE
(Wholly owned by Government of India)

No. CHO(HR)/Comp./483/10/8995

Dt. 21.03.2012

To

All General Managers
Mints, Presses, Paper Mill,

Sub: Guidelines for payment of lumpsum compensation in lieu of
Compassionate Appointment in respect of cases of death which took
place prior to Corporatisation.

Sir,

The scheme for compensation in lieu of compassionate appointment to the legal heirs of the employees who died in harness after corporatisation was circulated to all the Units vide this office letter No. CHO(HR)/Policy/277/08/994 dated 31.08.2009. References have been received from ISP & CNP, Nashik vide their letter No. 13091/LO-17-B/Compensation dt. 23.11.2010 & DLWC/CNP/Lumpsum /11470 dt. 13.01.2011 respectively for guidelines to deal with the cases where death took place prior to Corporatisation.

Pursuant to the provisions contained in para 6.3 of the scheme circulated vide this office letter dated 31.08.2009 and after taking all the pros and cons into consideration it has been decided to regulate the pre-corporatisation cases in the manner given below:

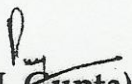
1. As per Government Orders on the subject, the maximum period for which a case can be kept under consideration for compassionate appointment is three years, only those cases are to be considered which the company has inherited from the Govt. and were live on 13.01.2006 i.e. cases where death took place on or after 14.01.2003.
2. The live cases inherited from the Government may be scrutinize by a committee at Unit level which may check and certify the penurious conditions warranting lump sum payment before forwarding the cases to Corporate Office. The scrutiny should be done as per enclosed proforma.

Contd. 2P.....

3. In all cases the spouse/ legal heir of the deceased employee should have applied within the prescribed period of one year.
4. Where court cases have been filed by the individuals, the same should be dealt as under:
 - (a) The Units shall not make reference of the scheme for compensation in their pleadings before courts/CAT/other Judicial Authorities where this policy is not applicable i.e. where deaths had taken place on or before 13.01.2003.
 - (b) Cases where deaths had occurred on or before 13.01.2003 may be considered as time barred as per provisions contained in O.M. dated 05.05.2003 of the Government because such cases were considered by the Govt. for a period of three years within the available quota of 5% of DR vacancies and may be defended accordingly in the Court/CAT etc.
 - (c) Orders of the Court/CAT/Judicial Authorities may be complied with /appealed against, as the case may be.

This issues with the approval of the Competent Authority.

Yours faithfully,


(B.J. Gupta)

Dy. General Manager (IR)

Ref: _____

date: _____

To
Chairman and Managing Director
Security Printing & Minting
Corporation of India Limited
16th floor, Jawahar Vyapar Bhavan,
New Delhi – 110001.

Sub: Recommendation for consideration/rejection of pre-
corporatization cases.

Sir,

We recommend to consider the applications of Mr/ Mrs/ _____
who is / are eligible for lumpsum payment in lieu of compassionate appointment.

2. Certified that all the information submitted above are correct and accurate.
We have verified from reliable sources/documents/records and found correct.
3. All required information/documents, are attached duly verified and attested.

Yours faithfully,

Chief General Manager/ General Manager
Head of the Deptt.

Enclosures: i) Annexure-I
ii) Annexure-II
iii) Other documents (state details)

APPLICATION FOR CONSIDERATION OF LUMP SUM PAYMENT
IN LIEU OF COMPASSIONATE APPOINTMENT

[To be submitted by the dependents i.e spouse/nominee/dependents
of the deceased employee - Pre-corporatization period only]

From :

To

The Chief General Manager / General Manager / Head of Department

Sir,

Sub : Request for payment of lumpsum compensation in lieu of
Compassionate appointment.

I/We hereby submit my/our application for payment of lumpsum payment in
lieu of compassionate appointment in terms of SPMCIL Scheme, 2010 (Circular
dated _____)

- 1) Name/s of the applicant (in capitals) :
- 2)
 - i) Present Address :
 - ii) Relationship with the deceased :
 - ii) Telephone No. :
- 3) Whether any othe family member has been :
Appointed on compassionate grounds
- 4)
 - i) Name of the deceased :
 - ii) Designation last held :
 - iii) Department :
 - iv) Marital status of the deceased employee :
 - v) Date of death :

(Certified copy of Death
Certificate issued by the Competent
Authority should be enclosed)

Contd....p/2

✓

vi) Date of birth and age of the employee :
on the date of death.

vii) Service particulars as on death/retirement:

Total service : Y M D

Remaining service : Y M D

viii) Salary last drawn :

5) Cause of death :

6) Details of the dependents family members :
of the deceased.

Sr. Name	Age	Marital Status	Relationship with the deceased.	If employed give details	Income per month
----------	-----	----------------	---------------------------------	--------------------------	------------------

- i.
- ii.
- iii.
- iv.
- v.
- vi.

#Photocopy of the ration card of the family of the deceased employee/any other proof/affidavit to be enclosed.

7) Details of assets/liabilities/monthly income of the dependents from all sources:

(a) **Terminal Benefits**

- i) Family Pension :
- ii) Provident Fund :
- iii) Gratuity :
- iv) Leave encashment :
- v) Savings Fund under CGEIS :
- v) Any other amount paid under any scheme(s):

Total

(b) **Liabilities**

- i) Loan from Bank. :
- ii) Loan form any other financial Institutions. :
with the prior approval of the Govt. :
- iii) Any other dues payable to Govt. :

Total

Contd....p/3

(c) **Investments**

- i) Deposits :
- ii) NSCs :
- iii) PPF :
- iv) LIC/Other Policies :
(claim received/surrender value)
- v) Shares (details & market value) :
- vi) Others :

Total

- 8) Details of movable property, if any, held :
and monthly income derived there from

Total

- 9) Details of Immovable property(land/building/
flat – with address and market value), if any,
held in the name of deceased employee
or any other dependent family members and
monthly income there from.

Total

- 10) I/We hereby declare that the above information/documents submitted by
me/us are correct.

Yours faithfully,

Place : Name(s) in Block letters
Date : with address

Signature
(Signature of claimant(s) dependant/

Witness :

Witness :

1. Signature:

Name :

Address :

2. Signature :

Name :

Address :

Note :

1. All required enclosures should be submitted along with application.
2. The application should be submitted to the General Manager/Chief
General Manager/ HOD of the unit where the employee had last worked.
3. In case of minor dependents – application should be signed by the natural
guardian/guardian appointed by the Court.

Enclosures : (state no. and details)

FORMAT OF AFFIDAVIT FOR CLAIMING LUMP SUM PAYMENT IN LIEU OF COMPASSIONATE APPOINTMENT

Date :
Place :

From :

To
The General Manager / Chief General Manager / Head of Department

**AFFIDAVIT
VERIFYING ANNEXURE-I/APPLICATION**

I/We (1) Shri/Smt. _____, aged _____ years w/o s/o d/o

(2) Shri/Smt. _____, aged _____ years w/o s/o d/o

(3) Shri/Smt. _____, aged _____ years w/o s/o d/o

(4) Shri/Smt. _____, aged _____ years w/o s/o d/o

(5) Shri/Smt. _____, aged _____ years w/o s/o d/o

(6) Shri/Smt. _____, aged _____ years w/o s/o d/o

do hereby solemnly affirm and state on oath as follows :

- i) I/We am/are applying for lumpsum payment in lieu of compassionate appointment consequent upon the death of Late Shri/Smt _____ on _____ who is my / our (relation) _____
- ii) I/We submit that whatever I/we have stated in the application is true to the best of my/our knowledge and belief. I/We further submit that I/We have disclosed all the material facts necessary for claiming Lumpsum Payment in Lieu of compassionate appointment.

- iii) I/We submit that by way of information whatever documents, I/We have produced are either originals or true copies of the originals. I/We shall produce the originals for scrutiny before any officer of the SPMCIL.
- iv) I/We declare that the contents of my/our affidavit are true and correct and the signature affixed below is/are mine/ours.

2. If it is revealed that the information and particulars furnished in the application or any other documents submitted for the purpose of claiming the lumpsum payment in lieu of compassionate appointment are materially incorrect or false, it will tantamount to committing a fraud and I/We am/are liable to pay back the entire amount received by me/us to SPMCIL with interest and SPMCIL will be at liberty to initiate appropriate action against me/us.

The undertaking as above is irrevocable.

Identified by me,

Advocate

Deponent/s

Place :

Date :

Sworn before me