

योजना के तहत मृतक कर्मचारी की पत्नी/पति/कानूनी वारिस द्वारा मुआवजे की एक-मुश्त राशि के लिए आवेदन फॉर्म

APPLICATION FORM FOR CLAIMING LUMP SUM COMPENSATION BY THE SPOUSE/LEGAL HEIR OF THE DECEASED EMPLOYEE UNDER THE SCHIME

1. मृतक कर्मचारी का नाम \_\_\_\_\_  
Name of the Deceased Employee
2. कर्मचारी सं./टोकन न. Employee No./Token No. \_\_\_\_\_
3. पदनाम Designation : \_\_\_\_\_
4. विभाग/ अनुभाग का नाम जहाँ मृतक कर्मचारी कार्यरत था \_\_\_\_\_  
Deptt./Section in which Deceased Employee was working
5. आहरित अंतिम वेतन (मूल वेतन +मं.भ.) Last Salary Drawn(Basic+D.A.) \_\_\_\_\_  
(मूल वेतन=बैंड वेतन+ग्रेड वेतन Basic Pay=Band Pay+Grade Pay)
6. मृत्यु तिथि Date of Death \_\_\_\_\_
7. मृत्यु का कारण Cause of Death \_\_\_\_\_
8. दावेदार का मृतक कर्मचारी से संबंध Relation of claimant with the deceased employee \_\_\_\_\_
9. उपयुक्त प्राधिकारी से मृत्यु प्रमाण पत्र  
Death Certificate from Appropriate Authority \_\_\_\_\_
10. सक्षम प्राधिकारी से कानूनी वारिस प्रमाण पत्र  
Legalheirship Certificate from Competent Authority \_\_\_\_\_

दावेदार का  
फोटो

सम्यक् रूप से  
सत्यापित किया  
जाना चाहिए

मैं यह भी घोषणा करता हूँ कि मैं कंपनी /अन्य सार्वजनिक उपक्रम/स्वायत्त निकाय/ स्थानीय प्राधिकरण/किसी सरकारी संस्थान में नौकरी नहीं करता हूँ।

I also declare that I am not in employment in the Company/ other PSU/Autonomous Body /Local Authority/ any Govt. Establishment.

मेरी जानकारी के अनुसार उपरोक्त विवरण सत्य है तथा कुछ भी छुपाया नहीं गया है। मैं वचन देता हूँ कि अधोहस्ताक्षरी और मेरे परिवार का कोई भी सदस्य भविष्य में अनुकंपा आधार पर रोजगार का दावा करने का हकदार नहीं होगा।

The above particulars are true in the best of my knowledge and nothing has been hidden. I also undertake that neither the undersigned nor any of my family member will have the right to claim compassionate employment in future.

संलग्न Enclosures:

- i) मृत्यु प्रमाण पत्र Death Certificate
- ii) कानूनी वारिस प्रमाण पत्र Legalheirship Certificate

दिनांक Dated : \_\_\_\_\_

( \_\_\_\_\_ )  
दावेदार के हस्ताक्षर Signature of the Claimant

नाम Name \_\_\_\_\_

पता Address \_\_\_\_\_

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

**AFFIDAVIT**

I/We (1) Shri/Smt.-----aged-----years-----  
---wife of late Shri /son of Late Shri/daughter of Late Shri----- 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)-----  
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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 Executive 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 liberty to initiate appropriate action against me/us.  
The undertaking as above is irrevocable.

Identified by me,

Advocate

Place :-

Date :

Deponent

Sworn before me