

Hkkjrh; i kSj kfxdh I l Fkku #Meth
#Meth&247 667

I l Fkku depkjh ftudk fu/ku I ok dky ea gks x; k gks vFkok
viark ds vk/kkj ij I ok fuofRrd i ku ikr dj jgs gk ds
vkfJrks ds I ok; kstu grqOkeA

HkkkO i kS I @ #Meth QkeZ
d0 fu0 &1

uohure
i kl i ks/Z Qks/ks
fpi dkw A

I Ecā/kr
foHkkxk/; {k }kjk
I R; kfi r

Hkkx &v

- 1- ¼d½ I l Fkku depkjh dk uke _____
½eYkd@LokLFk; ds dkj .k I ok fuoYk½
- ¼q½ I l Fkku depkjh dk inuke _____
- ½x½ in ^n** xij I s l ecf/kr gS vFkok ughA _____
- ¼k½ I l Fkku depkjh dh tle frffk _____
- ½³½ eR; @fpfdRI k ds vk/kkj ij I ok fuoYk _____
dh frffk
- ½p½ I ok dh dgy ^vof/k** _____
- ¼N½ LFkk; h vFkok vLFkk; h _____
- ¼t½ SC/ST/OBC ea l sft I I s l Ecā/kr Fks _____

- 2- ¼d½ fu; qDr grqvH; FkhZ dk uke _____
- ¼q½ I l Fkku depkjh I sml dk I ec/k _____
- ½x½ tle frffk _____
- ¼k½ 'kS{k d ; kx; rk _____
- ½³½ D; k vkfJr ifjokj dk dkbZ vU; I nL; _____
dEi S kuS/ vk/kkj ij fu; qDr fd; k x; k gA

fuEufyf[kr enks dh /kujkf'k I fgr NkMh x; h dgy I Ei fYk dk fooj .k

- 3- ¼d½ i kfjokjd i ku _____
- ¼q½ eR; q , oa I ok fuoYkd vkuqkS"kd ½xP; ¼h½ _____
- ½x½ I kekl; Hkfo"; fuf | dk 'kSk _____
- ¼k½ thou chek ; kst uk _____
¼Mkd chek ; kst uk I fgr½
- ½³½ py rFkk vpy I Ei fYk rFkk ifjokj }kjk _____
mul svftR dh xbZ okf"kd vk;
- ½p½ I kefigd chek ; kst uk dh /kujkf'k _____
- ¼N½ vodk'k udnhdj .k _____
- ¼t½ vU; i fj I Ei fYk _____
dgy ; ksx

- 4- nkf; Roks dk I f{klr C; kj k ; fn dkbZ gkA _____

- 5- I ǎFkku deþkjh ds vkfJr ifjokj ds I Hkh
 I nL; ks dk fooj .k ¼; fn dN I nL; I ǎkjr
 gks rks mudh vk; rFkk D; k os , d I kFk fuokI
 dj jgs gS vFkok i Fkd #i I ½

| Ø0 I 0 | uke | I ǎFkku deþkjh I s I ǎk | vk; q | i rk | I ǎkjr vFkok ugh ¼; fn I ǎkjr gS rks I ǎk rFkk ml I s i klr fd; s tks okys dg /ku dk fooj .k½ |
|-----------|-----|----------------------------|-------|------|--|
| 1 | 2 | 3 | 4 | 5 | 6 |
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| | | | | | |
| | | | | | |

?kkSk.kk; @'ki Fk

- 1- eS, rn- }kjk ?kkSk.kk djr k gWfd ejs }kjk fn; s x; s mDr rF;] ejh i wkZ tkudkjh ds vuq kj I gh
 gA ; fn ejs }kjk , rn-mfYyf[kr rF; "Hkfo"; dh fdl h frfFk ea xyr vFkok vl R; i k; s tkrk gS
 rks ejh I ǎk; s I eklr dh tk I drh gA
- 2- eS, rn- }kjk ; g Hkh ?kkSk.kk djr k gWfd eS ifjokj ds mu vU; I nL; ks dk Hkh Hkj .k i kSk.k Hkyh
 i ǎkj d#xk tks bl QkeZ ds Hkx 1½ ea mfYyf[kr I 'kL= I ukvks ds I nL; vFkok I ǎFkku
 deþkjh ij vkfJr Fk@; fn fdl h I e; ; g fl } gks tkrk gS fd ejs }kjk ifjokj ds mDr
 I nL; ks dh vk; /; ku ugh fn; k tk jgk gS vFkok Hkyh i ǎkj Hkj .k i kSk.k ugh fd; k tk jgk gS rks
 ejh I ǎk; s I eklr dh tk I drh gA

fnukd-----

i kFkZ ds gLrk{kj

uke-----

i rk-----

Jh@Jhefr@deþkjh-----I s eS ifjpr gW rFkk muds }kjk fn; s x; s I Hkh rF;
 I gh gA

LFkk; h I ǎFkku deþkjh ds gLrk{kj

uke-----

i rk-----

eS I R; kfi r djr k gWfd i kFkZ }kjk mfYyf[kr rF; I gh gA

fnukd-----

foHkxk/; {k ds gLrk{kj

uke-----

i rk-----

INDIAN INSTITUTE OF TECHNOLOGY, ROORKEE
ROORKEE – 247 667 (Uttaranchal)

PROFORMA REGARDING EMPLOYMENT OF DEPENDENTS
OF INSTITUTE SERVANTS DYING WHILE IN SERVICE/
RETIRED ON INVALID PENSION

Affix latest
passport size
photograph

Attested by
concerned
Head of the
Deptt,

Part – A

- 1. (a) Name of the Institute servant (Deceased/retired on medical grounds).
- (b) Designation of the Institute servant.
- (c) Whether it is Group 'D' or not?
- (d) Date of birth of the Institute servant.
- (e) Date of death/retirement on medical 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 Institute Servant.
- (c) Date of birth.
- (d) Educational Qualifications.
- (e) Whether any other dependent family member has been appointed on compassionate grounds?

- III. Particulars of total assets left including amount of :-
 - (a) Family pension.
 - (b) DCR Gratuity
 - (c) GPF Balance.
 - (d) Life Insurance Policies (including Postal Life Insurance).
 - (e) Moveable and immoveable properties and annual income earned therefrom by the family.
 - (f) Group 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 Institute servant (if some are employed, their income and whether they are living together or separately).

| Sl. No. | Name (s) | Relationship with the Institute servant | Age | Address | Employed or not (if employed particulars of employment and emoluments) |
|---------|----------|---|-----|---------|--|
| (1) | (2) | (3) | (4) | (5) | (6) |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |

DECLARATION/ UNDERTAKING

- 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.
- I hereby also declare that I shall maintain properly the other family members who were dependent on the Institute servant mentioned against 1 (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.

Date:

Signature of the candidate
 Name.....
 Address :.....

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

**Signature of permanent
 Institute servant**

Name.....

Address.....

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

Date:

Signature of the Head of Department
 Name.....
 Address.....