$\frac{\text{Appendix} - \text{A}}{\text{APPLICATION FOR COMPASSIONATE GROUND APPOINTMENT}} \\ \frac{\text{PART-A}}{\text{Comparison of the position of the property of th$

I.	(a) Number, Rank and Name of the Government Servant:				
	(Deceased/Retired on medical ground/Missing)				
	(b)Unit last Served :				
	(c) Designation of the Govt. servant :				
	(d) Date of Appointment :				
	(e)Date of Birth of the Govt. Servant :				
	(f)Date of Death (if while in service):				
	(g) Date of Retirement on medical Ground :				
	(h)Total Length of service rendered:				
	(i)Whether permanent or temporary :				
	(j)Whether belonging to SC/ST/OBC :				
II.	(a) Name of the Candidate for appointment :				
	(b) His/her relationship with the Govt. servant:				
	(c) Date of Birth :				
	(d) Educational Qualifications :				
	(e) Whether any other dependent family member has been appointed on compassionate ground :				
	(i) Village :				
	(ii)PO :				
	(iii)Tehsil :				
	(iv)District :				
	(v)PIN :				
	(vi)State :				
	(vii) Mobile/Phone No and Email ID :				
	(g)Post for which applied for :				
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 immovable properties and annual income earned wherefrom by the family :							
	(f) ARGIS insurance amount	:					
(g) Encashment of leave :							
	(h) Any other assets :				_		
	Tota	ıl :					
IV. Brie	ef particulars of liabilities if an	y :					
	iculars of all dependent family e and whether they are living t			some are employed	,there		
Ser No.	Name (s)	Relationship with the Govt. Servant	Age	Address	Employed or not (if employe)		
(1)	(2)	(3)	(4)	(5)	(6)		
Dated :	:2023	Signature	of the candi	date			
		Name :					
		Address:_					
		Tele/Mob	No.:				

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 here in mentioned are found to be incorrect or false at a future date, my service may be terminated.
- 2.I hereby also declare that I shall maintain properly the other family members who were dependent on the Government servant/member of the Force as mentioned against I (a) of Part-A of the application form and in case it is proved at any time that the said family members are being neglected or terminated.

Date :2023	Signature of the Candidate Name
	Address
	Tele/Mob No.:

COUNTERSIGNED BY GAZETTED OFFICER /VILLAGE PRADHAN/SARPANCH

(Seal and Signature)

Dated:____2023

SPECIMENT OF UNDERTAKING CERTIFICATE REGARDING DETAILS OF COMPASSIONATE GROUND APPOINTMENT GRANTED TO DEPENDENT FAMILY MEMBERS

	son/daughter/wife of Ex NoRank ofAssam Rifles have been				
applied for Compassionate Ground Appointment ra	lly for the year 2023.				
2.I hereby undertake and certify that the my follow compassionate ground appointment and serving As					
(a)					
(b)					
(c)					
OR					
(d) No one of the family member is appointed against compassionate ground appointment as on date xcept me for which I have been applied for Compassionate Ground Appointment rally for the year 2023.					
3.I further undertake the above information are tru information's are found false at any time with the d will refund the Govt. expenses partly/wholly as dee	lecision of Assam Rifles Competent authority, and I				
	Signature of the candidate				
	Name				
	Husband/Father's Name :				
	Trade:				
	Vill:				
	PO:				
	Dist:				
Place:	State :				
Date:2023	PIN:				
COUNTERSIGNED BY GAZETTED	OFFICER/VILLAGE PRADHAN/SARPANCH				

(Seal and signature)

Dated :_____2023