

STATE BANK OF INDIA
LHO/OFFICE/DEPT

**APPLICATION –CUM RECOMMENDATIONS FOR APPOINTMENT ON
COMPASSIONATE GROUND OF DEPENDENTS OF DECEASED EMPLOYEES IN
EXCEPTIONAL CIRCUMSTANCES**

1. a) Name of the deceased employee	
b) Branch/Office where posted	
c) Grade/designation	
d) Marital status	
2. Date of joining	
3. Date of Death	
4. Reason of Death	
5. Date of birth and age as on the date of death	
6. Total Service as on the date of death	
7. Whether belonging to SC/ST/OBC	
8. Salary last drawn : gross and net	
9. Whether any disciplinary action was pending / Contemplated against the deceased employee ? If so, give details	
10 Whether any disciplinary action had been concluded Against the deceased employee If so, give details	
11. Whether any other dependent family members has been appointed on compassionate grounds	

12. PARTICULARS OF ALL THE FAMILY MEMBERS OF THE DECEASED (IF SOME ARE EMPLOYED, THEIR INCOME AND WHETHER THEY ARE LIVING TOGETHER OR SEPARATELY)

S. No	Name	Age	Relationship	Marital Status	Educational Qualification	Employed or not (if employed particulars of employment and emoluments)	Address

13. CALCULATION OF MONTHLY INCOME OF THE FAMILY

(1) Terminal Benefits: Approx Figure(Since settlement not done)

(i) Provident Fund	
(ii) Gratuity	
(iii) Leave Encashment	
Sub-total (A)	

(2) Liabilities

(i) Loans taken from Bank and/or other financial institutions	
(ii) Any other dues payable to Bank	
Sub-total (B)	

(3) Net terminal benefits

C (A-B)	
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(4) Investments

Sub-total (D)	
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(5) Net Corpus available

E (C+D)	
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(6) MONTHLY INCOME OF THE FAMILY FROM ALL SOURCES

i) Monthly notional interest at the Bank's maximum term deposit rate applicable to Public on 80% amount of the net corpus available (E)	
ii) Weighted Average Pension	
iii) Monthly Gross salary of spouse (if employed)	
Total monthly income of the family (i)+ (ii)+(iii)	

14. Particulars of the dependent nominated for Compassionate appointment

a) Name	
b) Relationship with the deceased employee	
c) Date of birth and age of the dependent employee	
d) Whether belongs to SC/ST/OBC Category ?	
e) Educational qualification (copies of certificates and mark lists Should be enclosed)	
f) Whether any other dependent family member has been appointed on	

Compassionate grounds	
g) Date of application	
Reason for non-submission of application immediately after death, if applicable	
h) Whether nominated by spouse of the deceased (if the spouse is no more, a sworn affidavit must be obtained)	
i) Whether the candidate has availed of any loan facility from the Bank and, if so, whether he has defaulted in repayment.	

15. Particulars of compassionate appointments offered by any other : Not Applicable organization to any member of the family, if any.

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 deceased employee mentioned against point No.12 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 forthwith.

Date :

Signature of the candidate

Name	
address	

Shri/Smt/Kum

Known to me and the facts mentioned by by him/her are correct and verified by me.

Date :

Signature of witness

Name	
address	

***either any employee in the Senior level of Bank or Gazetted rank official from State/ Central Government**

RECOMMENDATIONS: (In view of the assets and liabilities/ income and financial position of the family vis a vis its size, we are satisfied that the condition of the family is such that but for the provision of employment the family will not be able to meet the crisis caused by the demise/retirement of the employee) :

Appointment recommended

Clerical/Subordinate/Menial

**STATE BANK OF INDIA,
BRANCH/LHO/OFFICE/DEPT
DATE : _____**

HEAD OF THE DEPARTMENT

ANNEXURE 'B-2' FOR OFFICE USE

SCRUTINY, RECOMMENDATION & SANCTION

I.(a) Name of the candidate for Appointment

(b) His/Her relationship with the deceased-_____

(c) Age (date of birth), educational qualifications and experience, if any

(d) Post for which employment is proposed_____

(e) Whether there is vacancy in that post within the ceiling of 5% prescribed under the scheme of compassionate appointment _____

(f) Whether the candidate fulfils the requirement of the _____

Recruitment Rules for the posts _____

II. Whether the facts mentioned in Annexure-'B-1' have been

Verified by the office and if so, indicate the records

III. Recommendation of the Competent Authority

(With Name, Signature and Designation)

IV. Sanction by the Competent Authority

(With Name, Signature and Designation)

ANNEXURE – II

**AFFIDAVIT (To be stamped as per Stamp Act)
NO OBJECTION LETTER FOR COMPASSIONATE APPOINTMENT**

The Branch Manager
State Bank of India

Dear Sir,

We, the undersigned have applied for compassionate appointment consequent upon the death of Shri Smt..... as per Bank's Scheme PF No.....

In this connection, I/ We undertake that / We have no objection, if ShriSmt/Ms...../ is appointment by the State Bank of India as per the Bank's Scheme for Compassionate Appointment

I/ We further declare that the above authorization is final, irrevocable and binding on us.

I/We will not claim ex-gratia lumpsum amount in lieu of compassionate appointment
Or

I/We will refund the ex-gratia lumpsum amount already claimed on dt lieu of compassionate appointment.

Yours faithfully,

Signature of the Applicant

Place:
member

Name & Signature of another dependant family

Date:

- 1.
- 2.
- 3.
- 4.