

Entitlement for Deceased Employee:

1. As you are aware, we are committed to pay the remaining amount of Rs.60.000/- under DAR Scheme of the Union, we enclosed DARBS claim form for the purpose. We request you to prevail upon the legal heirs of the deceased member to submit the following papers immediately:
 - a. DARBS claim form, duly filled in all respects.
 - b. Death Certificate copy.
 - c. Attending Doctor Certificate given at the time of death citing the reason for the death.
 - d. The Survivorship Certificate issued by the Tahasildar/competent authority may be sent to us at the earliest.
2. You may assist the spouse/legal heirs of the deceased member in prompt submission to claim the following terminal benefits from the Bank:
 - i. Provident Fund.
 - ii. Gratuity(Temporary Service, if any, to be reckoned for calculation).
 - iii. Pension/Family Pension.
 - iv. Encashment of PL balance available as on date of death or maximum 240 days.
 - v. Mutual Welfare Scheme(MWS), if subscribed.
3. Ex-gratia payment of Rs.15.00 lacs/12.00 lacs to clerical/ subordinate staff member as the case may be.

OR

Compassionate Appointment to spouse/other dependent family member, if eligible as per the Terms & Conditions of the Scheme.

4. In case of membership to SWARNAGANGA Scheme with subscription of Rs.100/200 or Rs.200/400 by sub-staff/clerical as the case may be, should claim directly from SBI Life Insurance Co. Ltd. through prescribed form enclosing Salary slip/Policy/Death Certificate etc.
5. Membership with SBI Staff Credit Co-op Society Ltd. will entitle the members to thrift benefits/share capital less any liabilities outstanding.
6. (a) Outstanding Housing Loan balances is eligible to be liquidated out of Insurance cover obtained by the Bank for the purpose.
(b) Delay in settlement of Terminal Benefits, solely by the Bank, interest waiver or accrual benefits are available.
 - i. Interest on Gratuity payment – Delay beyond 30 days.
 - ii. Interest on delayed settlement of PF balances.
 - iii. Interest on Loan accounts from the date of death till the closure of Accounts to be waived(e-Cir.No.Cir:CDO/P&HRD-IR/99/2008-09 dated 14.02.2009).

An interim amount of Rs.1,00,000/-(Rupees one lac. only) will be released to the family member of the deceased member by debit to Branch Suspense Account to be appropriated out of terminal benefits (Refer e-Circular No.Cir.CDO/P&HRD/PM/16-2016-17 dated 06.05.2016).

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	Relation ship	Martial Status	Educatio nal Qualificat ion	Employe d or not (if employe d particular s of employm ent and emolume nts	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)

**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.

(To be Notarised in Rs.200 Stamp Paper)

**CERTIFICATE FROM THE WIDOW
OF THE DECEASED EMPLOYEE**

(Applicable when widow of the deceased desires the appointment on compassionate grounds of her son/ daughter)

I widow of _____ request the Bank to appoint Shri/
Kumari _____ my son/ daughter etc. on compassionate grounds in the Bank. My
son/ daughter has undertaken to support my whole family.

Place :

Date :

(Signature of the widow of the deceased employee)

Name:

Note :

1. The application for appointment on compassionate grounds should be received by the Bank within 6 months from the date of death of the employee.
2. All required enclosures should be submitted along with the application.
3. The application should be submitted to the branch/ office where the employee had last worked

Enclosures : (state no(s). and details)

The Chief General Manager
State Bank of India,
Lho Bangalore

No.

Date:

Dear Sir,

**SBI SCHEME FOR APPOINTMENT ON COMPASSIONATE GROUNDS IN
EXCEPTIONAL CASES**

With reference to Circular no. dated , we forward herewith application dated received from Smt./ Shri/
Kum. _____ requesting for appointment on compassionate grounds as Associate in the Bank.
We give below the required information/ data for processing the applications at your end duly
recommended by us.

A: DETAILS OF DECEASED EMPLOYEE:

SR NO	PARTICULARS REQUIRED	INFORMATION	REMARKS
1	P.F.Number		
2	Name of the Employee		
3	Date of Birth		
4	Date of Joining		
5	Cadre of Joining		
6	Place of Posting		
7	Designation/Scale last held		
8	Date of Death Age as on Date of death		Encl. :Death Certificate
9	Whether died in harness		
10	Reason of Death		
11	Total service as on date of death/ retirement		
12	Remaining service		
13	Marital status		
14	Gross salary - last drawn*		

* Salary & deduction certificate to be enclosed.

B : FAMILY DETAILS OF DECEASED/RETIRING EMPLOYEE:

SR NO	NAME	A GE	MARITAL STATUS	RELATIONSHI P	VOCATIO N	IF EMPLOYED GIVE DETAILS OF EMPLOYER	INCOME PER MONTH
1							
2							
3							
4							
5							
6							

C. APPLICANT'S BASIC DETAILS:

SR. NO.	PARTICULARS	DETAILS
1	Name	
2	Relationship with the deceased employee	
3	Age as on the date of application received by the Bank	
4	Whether relaxation in age required (due to overage)?	
5	Reason for recommending an over-aged candidate if there is/ are other dependent(s) within the prescribed age limit and eligible for appointment	
6	Whether belongs to SC/ST/OBC category?	
7	Educational Qualification	
8	Date of application	
9	Whether submitted within the stipulated period? If not, the reason for delay should be stated.	
10	Whether nominated by the spouse of the deceased? (if the spouse is no more, a disclaimer by way of a sworn affidavit must be obtained)	
11	Particulars of compassionate appointments offered by any other organisation to any member of the family, if any	
12	Present Occupation	
13	Appointment recommended in: Clerical/ Subordinate/ Menial	
14	Employment details, If any member of the family employed (including the applicant)	
15	Monthly Salary/Income, if any	

E. RECOMMENDATION FOR CONSIDERATION/ REJECTION:
(state reasons for recommendation)

We recommend to consider the applications of
Smt./Shri/Kumari. _____ for appointment on compassionate
grounds.

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

Yours faithfully

Branch Manager/ HOD

Enclosures:

- i) Annexure – I/IA
- ii) Annexure – II
- iii) Annexure-III
- iv) Annexure-IV
- v) Other documents (state details)

**RECOMMENDATIONS OF THE ASSTT. GENERAL MANAGER/ NEXT HIGHER
AUTHORITY**

The particulars given above have been verified. She/ he fulfils all the eligibility criteria and it is,
therefore, recommend that Smt./Shri/Kumari _____ are may be appointed on
compassionate grounds as a _____ in the Bank.

Place

Date

(Signature)

Name:

Designation :

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

The Branch Manager
State Bank of India

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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:

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