



भारतीय कृषि अनुसंधान परिषद
INDIAN COUNCIL OF AGRICULTURE RESEARCH
केन्द्रीय मृदा लवणता अनुसंधान संस्थान
Central Soil Salinity Research Institute, Karnal
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E-Office No. 191077

F. No. 02 (55)/Compassionate Appointment/CSSRI/E/2024/ 755

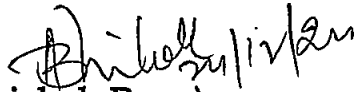
Date: 24.12.2024

Circular

In continuation to the office order dated 03.10.2024 (Copy Attached) the process of appointment under the **Compassionate Appointment Scheme** has been initiated at ICAR-CSSRI, Karnal, for dependent family members of an employee of ICAR-CSSRI, Karnal, dying in harness, retired on medical grounds, or missing employees as per rules. Those who are desirous of being considered for appointment on compassionate grounds may submit their fresh applications in the prescribed format (copy enclosed), along with attested copies of their Aadhar Card/Pan Card as well as their bank passbook for the last 6 months, to the undersigned by 31.01.2025. The requests will be processed and considered against available vacancies in the light of Gol/ICAR instructions on the subject.

Only those applications that are received by the due date will be considered.

Yours faithfully


(Abhishek Rana)

Chief Administrative Officer

Encl: As above.

Copy to Sh. Ankur Sharma, Technician for placing copy on CSSRI, Website

**ANNEXURE
PART-A**

FORM FOR SEEKING COMPASSIONATE APPOINTMENT BY DEPENDENTS OF
GOVERNMENT SERVANTS DECEASED WHILE IN SERVICE OR RETIRED ON
MEDICAL GROUNDS

(I)	
a)	Name of the Government servant (Deceased/retired on medical ground)
b)	Designation of the Government Servant
c)	Whether it is MTS/SSS (Erstwhile Group 'D') or not?
d)	Date of Birth of the Government 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 Government Servant
c)	Date of Birth
d)	Educational Qualification
e)	Whether any other dependent family member has been appointed on compassionate grounds
(III)	
a)	Particulars of total assets left including amount of
b)	Family Pension
c)	D.C.R. Gratuity
d)	G.P.F. Balance
e)	Life Insurance Policies (including Postal Life Insurance)
f)	Moveable and Immovable properties & annual income earned therefrom by te family.
g)	C.G.E. Insurance amount

h)	Encashment of leave				
i)	Any other assets				
TOTAL			(IV)		
Brief particular of liabilities, if any.					
			(V)		
Particulars of all dependent family members of the Government servant (if some are employed, their income and whether they are living together or separately					
Sr. No.	Name (S)	Relationship with Govt. Servant	Age	Address	Employed or not (if employed particulars of employment and emoluments)
01					
02					
03					
(VI)					
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 hereby 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 Armed Forces 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.

Signature of Candidate

Name:
Address:

Date: