

FORM OF APPLICATION

(Vide Regulation 9(2))

APPLICATION FOR APPOINTMENT UNDER THE EMPLOYMENT ASSISTANCE SCHEME TO THE DEPENDANTS OF EMPLOYEES DYING IN HARNESS/PERMANENTLY DISABLED

1. Name in full (Block letters) :
2. Permanent residential address :

3. Age and date of birth :
4. Name of the posts applied for in the order of priority. : I)
II)
III)
5. Educational qualifications and previous experience, if any :
6. Caste :
Community :
Nationality :
7. Whether backward/other backward Scheduled caste/tribe :
8. Name of the deceased/permanently disabled Board employee whose dependant the applicant is :
9. Relationship of the applicant with the deceased Board employee who died in harness/permanently disabled :
10. Particulars of the members of the family of deceased/disabled Board employee together with name, age occupation and relationship of each with the deceased/disabled. :
11. Whether the applicant is married or single. If single details of certificate produced in support of this :
12. Whether any other relative/ dependant of the deceased/disabled Board employee has already availed of or applied for the benefit of employment assistance under the scheme previously and if so give details. :
13. Particulars of certificate produced to prove the relationship of the applicant with the deceased/disabled Board employee. :
14. If the applicant is a widow/widower of the deceased/permanently disabled Board employee, state whether she/he has again married or not. :
15. If the applicant is a daughter of the deceased/permanently disabled Board employee, state whether she is married or not. :

- 16.If the applicant is not a widow/widower :
of the deceased/disabled Board employee
state whether necessary declarations from
other eligible dependants are attached
with the application.
- 17.Whether application is involved in any :
criminal case disqualifying him from
appointment under the Board.
- 18.Particulars of employment held by the :
Board employee who died in harness/
Permanently disabled.
- a) Designation :
b) Office where last employed :
c) Date of birth :
d) Date of death/retirement on :
invalid ground.
- e) Total service put in :
- 19.Date, time and place and cause of death :
of the Board employee.
- 20.In case the Board employee has retired :
on invalid grounds, details of Medical
certificate produced in proof of
permanently disability.
- 21.Whether the Board employee whose :
dependant the applicant is, was one who
died while involved in any sabotage
activities of Board's properties and or
involved in any criminal offences and/or
in any untoward incidents in connection
with any illegal strike.

I,
hereby declare that all the above details furnished in the application are true and
correct.

Place :
Date :

SIGNATURE OF THE APPLICANT

For office use only

Certified that I have personally verified the above details furnished by the
applicant and found to be true. The applicant is eligible for appointment under
the scheme and that no other dependant of the deceased/disabled Board
employee has since been appointed under the scheme.

Place :
Date :

Name and Signature
of the Head of the Office

Profoma Compassionate Employment Scheme- 1

KERALA STATE ELECTRICITY BOARD

IDENTIFICATION CERTIFICATE

(To be completed and produced by the candidate along with the application)

Selection as on
compassionate grounds, son/daughter/wife/brother/sister of late
Sri./Smt.....

Name and address of candidate

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.....
.....

Passport size photograph
of the candidate bearing
The signature of the
Identifying Officer

Signature of the candidate :

Date of birth of the candidate :

(Signature of the Identifying
Officer should be on the
Photograph and in the relevant
Column below)

Certified that the candidate whose signature and photograph are given above is
identified by me.

Signature of the Identifying Officer.

Name (in Block letters)

Designation

Place :

Date :

Identifying officer should be gazetted officers of the Central Government or
State Government.

Profoma Compassionate Employment Scheme- 2

KERALA STATE ELECTRICITY BOARD

CERTIFICATE – II CLAUSE 9(2)b

Certified that the death of Sri/Smt.....
was not caused due to any sabotage activities affecting property of the Board
and that the deceased Board employee was not convicted by a Criminal court or
punished in disciplinary proceeding for any sabotage activities affecting
property of Board or for any act or omission in connection with any illegal
strike.

Place :

Date :

EXECUTIVE ENGINEER

KERALA STATE ELECTRICITY BOARD

**CERTIFICATE UNDER CLAUSE 9(2)(a) & (b) OF THE
NOTIFICATION NO. PSI-3146/85 DATED 29.4.1985
C-I CLAUSE – 9(2)(a)**

Certified that Sri/Smt
..... of Sri/Smt
..... deceased onthe applicant is
eligible for appointment under K.S.E.Board (appointment of dependants of
Board employees who die in harness) Regulation 1985 and that no other
dependant of the deceased Board employee has earlier been appointed under the
said regulations or under the scheme for appointment of dependants of deceased
Board employees in force before the commencement of these regulations.

**EXECUTIVE ENGINEER
ELECTRICAL DIVISION**

Place :

Date :

(SEAL)

Profoma Compassionate Employment Scheme- 3

**DECLARATION FOR APPOINTMENT ON COMPASSIONATE GROUND
DECLARATION TO BE EXECUTED BY THE GUARDIAN OF THE
MINOR LEGAL HEIRS OF THE DECEASED/DISABLED BOARD
EMPLOYEE**

I, wife/husband/
mother/father/brother/sister of the deceased/disabled Sri/Smt.....
..... (here specify the name and official address of the deceased/
disabled Board employee) do hereby relinquish the claim for job on
compassionate ground, on behalf of the following minor legal heirs in my
capacity as their guardian, in favour of the applicant Sri/Smt.....
.....

Name of minor legal heirs	Age	Relationship with the deceased/ disabled Board employee.
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Place :
Date :

Signature and Name of the Guardian

Signed in my presence

Signature, name and Designation
of the Gazetted Officer.

Place :
Date :

Note: The declaration should be signed in the presence of a Gazetted Officer

Profoma Compassionate Employment Scheme- 4

**APPLICATION FOR APPOINTMENT ON COMPASSIONATE GROUND
DECLARATION TO BE EXECUTED BY THE REMAINING LEGAL
HEIRS OF THE DECEASED/DISABLED BOARD EMPLOYEE**

I, Wife/husband/mother/
father/brother/sister of the deceased/disabled Sri/Smt.....
.....

(here specify the name and official address of the deceased/ disabled Board
employee) do hereby relinquish my claim for job on compassionate ground, in
favour of the applicant Sri/Smt.....

Name of the legal heir

Relationship with the deceased/
disabled Board employee

Place :

Date :

Signature and name of the Legal heir :

Signed in my presence

Place :

Date :

Signature, name and designation of the
Gazetted Officer

Note: The declaration should be signed in the presence of a Gazetted Officer