

# Compassionate Appointment in NCB for Group "C" & "D"

- 1. Applications for compassionate appointment are under consideration in NCB. In this regard, the applicants are requested to submit the following documents:
  - (a) Self-attested copy of educational qualification certificate
  - (b) Self-attested copy of Date of Birth certificate
  - (c) Death certificate of the deceased NCB employee
  - (d) Address proof
  - (e) Consent letter from other dependents duly filled in (format enclosed)
  - (f) Affidavit (format enclosed) duly filled in and signed by Magistrate/Notary public
  - (g) Undertaking regarding marital status (format enclosed)
  - (h) Self-attested copy of the bank statement of last six months of all the dependents of the deceased government employee
  - (i) A copy of PAN cards of all the dependents of the deceased government employee
- 2. Please note that if it is found that the Affidavit contains false/incorrect information, it shall lead to rejection of application for consideration for offer of employment under the compassionate category. Further, if after the issue of offer of appointment consequent upon joining duty, if any content of the Affidavit is found to be false/incorrect, it shall lead to cancellation of the offer of appointment and / or termination of services forthwith. It is therefore, advised to carefully read and understand the contents of the Affidavit and ensure that only correct information is provided, duly supported by documents/records which can be verified. For any clarification/assistance in preparing the Affidavit, Name of Officer with phone number, may be contacted.
- 3. The applicants are required to submit the requisite documents and produce the original of the same in NCB Ballabgarh Unit latest by 31.03.2024 (by 5:00 p.m.).
- 4. How to Apply: The candidates are requested to download the documents from compassionate appointment link (available at NCB website) and submit the same duly filled to the above postal address with recent passport size photograph to The Director General, National Council for Cement and Building Materials, 34 KM Stone, Delhi Mathura Road (NH-2), Ballabgarh, Haryana 121004 giving all details along with self-attested documents.
- 5. Any amendment or any further information shall be uploaded on NCB Website only.
- 6. Further to the above documents, the candidate shall be liable to submit any document at later stage, if required by NCB in this regard.

\*\*\*\*\*\*



Consent	letter	from	the	other	dependent	family	members	of	Late
Shri/Smt.:							_		
Designation:					NCB.				

- Shri\_\_\_\_\_\_, Son/Daughter/Wife of Late Shri/Smt.\_\_\_\_\_\_(deceased NCB servant) has applied for grant of appointment on compassionate grounds to the dependent family members of the NCB Servant dying in harness.
- We, the other dependent family member of the deceased NCB servant Shri/Smt.
   \_\_\_\_\_\_\_\_\_,have no objection if the said appointment is given to the applicant Shri \_\_\_\_\_\_\_ and hereby give our consent for the same.

Name, address and dated signature of all the dependent family members of the deceased NCB servant (other than the applicant)

- (1)
- (2)
- (3)
- (4)

## **AFFIDAVIT**

I, \_\_\_\_\_, son/daughter/widow of Shri/Smt. \_\_\_\_\_ (deceased NCB servant), Resident of \_\_\_\_\_\_have made an application for grant of appointment on compassionate ground to a dependent family member of NCB servant (dying in harness) or who is retired on medical grounds vide my application dated\_\_\_\_\_

I hereby solemnly affirm and declare as follows:

- 1. That, I am one of the dependent family member of the deceased NCB servant Shri/Smt. \_\_\_\_\_\_\_\_\_and other adult dependent family members, whose details are given below have given consent that I may considered for grant of appointment under compassionate category.
- 2. That, the details of all the dependent, family member of the deceased NCB servant Shri/Smt.\_\_\_\_\_\_are as follows (including the applicant):

(Note: In case of married dependent daughters is such applicant, details of marital family i.e. husband/children along with present address/occupation should also be provided).

S.No.	Name & address of the dependent family member	Relationship with deceased	Sex	Date of Birth/age	Marital Status	Whether employed, if yes, the details, whether in Govt./ Semi Govt./Pvt./ Regular/Temporary/ Daily wages	Monthly income/earning from all sources including employment, business, rental income etc.
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
		Total monthly income of the family (including applicant)					

3. I also hereby declare that out of the dependent family members stated para 2 above, following are the unmarried daughters of the deceased Govt. servant Shri/Smt.

S No.	Name	Date of Birth/Age	Educational Qualification	Occupation
1.				
2.				
3.				
4.				
5.				

- 4. That, the details of movable/ immovable property, either in the name of deceased NCB servant Shri/Smt. \_\_\_\_\_\_\_or myself or any other dependent family member of the deceased are as follows:
  - (i) No. of 2-wheeler vehicles (Scooter/Motorcycle etc.)
  - (ii) No. of 4-wheeler vehicles (car/jeep etc.)
  - (iii) Details of the residential property.

Location & details	Plot area (in sq.ft.)	Built up area (in sq.ft.)	Whether used for self-occupation or rented out	If rented out, the monthly rental income

(iv) Agriculture land:

Location & details	Area (in acres)	Monthly income, if any, from agriculture land

(v) Commercial property:

Location & details	Area (in acres)	Monthly income from commercial property, if any

5. That, the following are the details of liabilities in the name of deceased NCB servant Shri/ Smt. \_\_\_\_\_\_\_and/or dependent members of the deceased NCB servant (bank loans/Govt. loan/loans from other reputed lending agencies to be given, but excluding private/family loans which are non-verifiable, as **on the death of NCB servant**):

S.No.	Nature of loan	Amount (as on date of	-
		death of deceased)	support of claim
(i)	Bank loans payable		
(ii)	Govt. loans payable		
(iii)	Loans from other lending		
	agencies payable		
(iv)	Other tangible liabilities		
	verifiable as per documents/		
	specify)		
	Total		
(Please	enclose relevant documents/certifie	d from the banks/lending institu	tions.)

6. I hereby also declare and undertake that on getting appointment under the compassionate category, I will support the other dependents/family members of the deceased Shri/Smt. \_\_\_\_\_\_, including minor children and unmarried daughter.

(Applicant) Deponent

Verification : Verified at Delhi, this \_\_\_\_\_\_ day\_\_\_\_\_ that the contends of the Affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed therein.

(Applicant) Deponent



# **UNDERTAKING**

I,	Shri	/	Smt.	••••			••••	•••••	•••••			son	/	daughter	/	wife	of	Late
Sh	ri /	Sn	nt	•••••		••••		•••••	re	sident	of		•••	•••••	••••		••••	•••••
	•••••		••••		• • • • • •		••••	•••••		•••••		•••••	••••		••••	(full a	ddre	ss).
He	ereby	und	ertak	e that:	:													
• •	_					-		•										

- i) I am married since (Date of marriage .....), and the names my spouse and children are as follows.
  - a)
  - b)
  - c)
- ii) I am unmarried.

\*\*Please strike off either (i) or (ii) whichever is not applicable.

Place ......
Date .....

Signature
Name

## ANNEXURE PROFORMA REGARDING EMPLOYMENT OF DEPENDENTS OF NCB SERVANTS DYING WHILE IN SERVICE/RETIRED ON INVALID PENSION

#### PART-A

I.	(a)	Name of the NCB servant	
		(Deceased/retired on medical ground)	••••••
	(b)	Designation of the NCB Servant	
	(c)	Whether it is MTS (erstwhile Group 'D') or not?	
	(d)	Date of Birth of the NCB 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 NCB Servant	
	(c)	Date of Birth	
	(d)	Educational Qualifications	
	(e)	Whether any other dependent family member has been	
		appointed on Compassionate grounds	
III.		Particulars of total assets left including amount of	
	(a)	Family Pension	
	(b)	D.C.R. Gratuity	
	(c)	G.P.F. Balance	
	(d)	Life Insurance Policies (including Postal Life Insurance	
	(e)	Moveable and Immovable properties & annual income earned	
		therefrom by the family	
	(f)	C.G.E. Insurance amount	
	(g)	Encashment of leave	
	(h)	Any other assets	
		Total	
IV.		Brief particular of liabilities, if any	
V.		Particulars of all dependent family members of the NCB	
		(if Some are employed, their income and whether they are living	
		together or separately	

Sl. No.	Name (s)	Relationship with NCB servant	Age	Address	Employed or not if employed particulars of employment and emoluments

#### VI. Declaration/Undertaking

1. I hereby declare that the facts given by me above are, to the best of my knowledge, correct. If any 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 NCB 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.

Date:

#### Signature of the Candidate

Name	
Address	
Mobile No.	
Email ID	



### PART-B

## (TO BE FILLED BY OFFICE IN WHICH EMPLOYMENT IS PROPOSED)

(I)	(a)	Name of the candidate for Appointment	
	(b)	His/Her relationship with the NCB Servant	
	(c)	Age (date of birth), education qualification and experience, if any	
	(d)	Post (Group C) 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 post to be filled is included in the Central Secretariat Clerical Service or not	
	(g)	Whether the relevant Recruitment Rules provide for direct recruitment.	
	(h)	Whether the candidate fulfils the requirements of the Recruitment Rules for the post	
	(i)	Apart from waiver of Employment Exchange/Staff Selection Commission procedure what other relaxation are to be given	
	(ii)	Whether the facts mentioned in Part-A have been verified by the Office and if so, indicate the records	
	(iii)	If the NCB servant died/retired on medical grounds more than 5 years back, why the case was not sponsored earlier	
	(iv)	Personal recommendation of the Head of the Department in the Ministry/Department/Office. (With his signature and office Stamp/seal)	