



जवाहरलाल नेहरू विश्वविद्यालय

सं. प्रशासन शाखा-II/अनुकंपा.नियुक्ति/2024/ 286

दिनांक: 22 अप्रैल, 2025

कार्यालय ज्ञापन

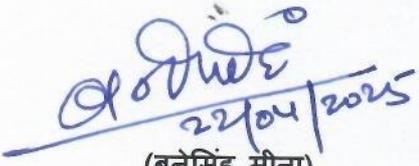
विषय: वर्ष 2021, 2022, 2023 और 2024 के लिए चिह्नित रिक्तियों हेतु अनुकंपा के आधार पर आवेदन आमंत्रित करने के संबंध में।

दिनांक: 31 दिसंबर, 2024 तक अथवा इससे पहले सेवा के दौरान दिवंगत हुए विश्वविद्यालय कर्मचारियों के इच्छुक आश्रित पारिवारिक सदस्यों से वर्ष 2021, 2022, 2023 और 2024 के लिए चिह्नित रिक्तियों के लिए अनुकंपा के आधार पर नियुक्ति हेतु विचार करने के लिए आवेदन आमंत्रित किए जाते हैं। सभी संबंधितों को सलाह दी जाती है कि वे विश्वविद्यालय के दिशानिर्देशों के अनुसार वर्ष 2021, 2022, 2023 और 2024 के लिए चिह्नित रिक्तियों के लिए अनुकंपा के आधार पर नियुक्ति हेतु विचार करने के लिए संलग्न प्रारूप में अपने आवेदन भेजें।

एतद्वारा स्वप्रमाणित आवश्यक समर्थकारी दस्तावेजों के साथ आवेदन दिनांक:13.05.2025 तक अनुभाग अधिकारी (प्रशासन शाखा-II) के पास भेज दिए जाएं। किसी भी परिस्थिति में विलंब से प्राप्त आवेदन स्वीकार नहीं किए जाएंगे।

नोट: ऐसे आवेदक जिन्होंने अनुकंपा आधार पर नियुक्ति हेतु परिपत्र संख्या सं.प्रशासन शाखा-III/अनुकंपा/2023/दिनांक: 12.01.2024 और परिपत्र संख्या सं.प्रशासन शाखा-II/अनुकंपा.नियुक्ति/2023/दिनांक: 27.02.2024 के तहत पहले आवेदन किया था, उन्हें नियुक्ति हेतु विचारार्थ नवीनतम समर्थकारी दस्तावेजों के साथ पुनः आवेदन करना होगा।

यह सक्षम प्राधिकारी के अनुमोदन से जारी किया जाता है।


22/04/2025

(बनेसिंह मीना)

उप कुलसचिव (प्रशासन)



जवाहरलाल नेहरू विश्वविद्यालय
Jawaharlal Nehru University

No. Admn. II/Comp. Appt./2024/ 286

22 April, 2025

OFFICE MEMORANDUM

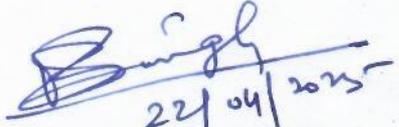
Subject: Inviting applications for consideration of appointment on compassionate ground for the vacancies earmarked for the year 2021, 2022, 2023 and 2024-reg.

Applications are hereby invited from the interested dependent family members of the employees of the University, who died in harness on or before 31st December, 2024, for consideration of appointment on compassionate grounds for the vacancies earmarked for the year 2021, 2022, 2023 and 2024. All concerned are advised to submit their applications in the enclosed format in order to be considered for appointment under compassionate ground quota for the vacancies earmarked for the year 2021, 2022, 2023 and 2024 in accordance with the University guidelines.

The application, along with necessary supporting documents duly self-attested, may be submitted to the Section Officer (Administration Branch-II) by 13.05.2025. Late applications will not be accepted under any circumstances.

Note: Those who have applied earlier against the Circular No. Admn. III/ Comp/2023/ dated 12.01.2024 and Circular No. Admn. II/ Comp. Appt./2023/ dated 27.02.2024, shall have to apply afresh with latest supporting documents for consideration of appointment on compassionate ground.

This is issued with the approval of the Competent Authority.


22/04/2025
(BANESINGH MEENA)
DEPUTY REGISTRAR
(ADMINISTRATION)

To,

Date: _____

The Deputy Registrar
Administration
Jawaharlal Nehru University
New Delhi-110067

Ref: University O.M. No:

Respected Sir,

In response to your O.M, I _____, dependant of Late Shri/Smt. _____ who expired on _____ seek to apply for appointment on compassionate grounds. I enclose herewith the following documents:

1	Form Part -A	Yes	No
2	Copy of the Death Certificate of the Deceased Employee	Yes	No
3	Copy of the Family Pension order issued by the University	Yes	No
4	No Objection Certificate from each dependent member.	Yes	No
5	Photocopies of documentary proof of date of birth, Educational Qualifications/ School Leaving Certificates/ Birth certificate in respect of applicant.	Yes	No
6	Passport size Photographs of the applicant	Yes	No
7	Caste Certificate (in case of SC/ST/ OBC category).	Yes	No
8	Disability Certificate issued by the Medical Board constituted by the Central or State Govt. (in case of persons with Disability category).	Yes	No
9	Copy of Present Residential proof.	Yes	No
10	Copy of present employment proof of the applicant and all dependent members like pay slip, experience certificate etc.	Yes	No
11	Copy of registered documents of property(ies) & electricity bill / water bill/ property tax	Yes	No
12	Copy of electricity bill / water bill in case of unregistered properties.	Yes	No

Encls: As stated.

Yours faithfully

Signature of the Widow/Widower / (or) Right Thumb Impression Date : Place :	Signature of the Applicant Name of the Applicant : Date : Place : New Delhi
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PROFORMA REGARDING EMPLOYMENT OF DEPENDANTS OF UNIVERSITY SERVANTS DYING IN HARNESS / RETIRED ON INVALID PENSION

PART – A

I. Particulars of the University Employee (Deceased / Retired on medical grounds)

(a)	Name of the University Employee (Deceased / Retired on medical grounds)	
(b)	Designation & Id No. of the Employee	
(c)	Whether it is MTS (erstwhile Group 'D') or not?	
(d)	Date of birth of the employee	
(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 / PWD	
(i)	Cause of demise	

II. Details of claimant for appointment on compassionate grounds

a)	Name of the Applicant (in capital letters)	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> Passport Size Colour Photograph of the Candidate </div>
b)	His/Her relationship with the employee	
c)	Date of birth	
d)	Educational qualifications	
e)	Whether any other dependent has been appointed on compassionate grounds	

III. Particulars of total assets left including amount of :		
(a)	Family Pension	
(b)	Death cum Retirement (D.C.R.) Gratuity	
(c)	General Provident Fund (G.P.F.)	
(d)	L.I.C. Policies (including PLI)	
(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.	

VI. DECLARATION / UNDERTAKING

1. I hereby declare that the facts given by me above are true to the best of my knowledge, correct. If any of the facts herein mentioned are found to be incorrect or false at the 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 Government servant mentioned against I(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.

<p>Signature of the Applicant</p> <p>Name of the Applicant :</p> <p>Address:</p> <p>Mobile No :</p> <p>Email ID:</p> <p>Date :</p> <p>Place :</p>	
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(Certificate from the Permanent In-service University Employee)

I, _____ (Name of the in-service university employee) do hereby declare and certify that I have known the family of late Shri/Smt. _____ intimately for the past _____ years. To my knowledge, none in the family has been appointed in Jawaharlal Nehru University on compassionate grounds so far.

The family of (late) Shri /Smt. _____ is presently residing at _____

Signature of the Permanent in-service
University Employee

Date: Place:	Name:
	Designation:
	Id. No. :
	Residential Address:
	Contact Phone No.

NO OBJECTION CERTIFICATE

(To be submitted by each dependant member, separately)

I _____ dependant family member / legal heir of Late _____ Designation _____
_____ Id. No. _____ Jawaharlal Nehru University, have no objection if
appointment on compassionate grounds is given to Sri/Smt./Kum. _____
son/wife/ daughter of late Sri _____ I shall not stake claim for appointment on
compassionate grounds.

Signature of the Family Member

Name :

Phone No. : __

Date :

INFORMATION REQUIRED FOR COMPASSIONATE APPOINTMENT

Name of Employee: _____ Designation: _____
(Deceased/Retired on medical ground)

Sr. No	Criteria	Details																						
1	Number of Unmarried daughters (Above 18 years)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Sr. No</th> <th style="width: 40%;">Name</th> <th style="width: 30%;">Date of Birth</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td><td></td></tr> </tbody> </table>			Sr. No	Name	Date of Birth		1				2				3							
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1																								
2																								
3																								
2	Number of children studying in class/standard beyond 12 th (Course detail)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Sr. No</th> <th style="width: 40%;">Name</th> <th style="width: 50%;">Studying in class/standard beyond 12th (Course detail)</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td></tr> </tbody> </table>			Sr. No	Name	Studying in class/standard beyond 12 th (Course detail)	1			2			3										
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2																								
3																								
3	If one or more person (s) amongst the dependent family members of the deceased employee is disable. <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Percentage of disability</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">Up to 40%</td></tr> <tr><td style="text-align: center;">40 – 60 %</td></tr> <tr><td style="text-align: center;">61 – 80 %</td></tr> <tr><td style="text-align: center;">81 – 100%</td></tr> </tbody> </table>	Percentage of disability	Up to 40%	40 – 60 %	61 – 80 %	81 – 100%	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Sr. No</th> <th style="width: 40%;">Name</th> <th style="width: 50%;">Income</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td></tr> <tr><td style="text-align: center;">4</td><td></td><td></td></tr> </tbody> </table>			Sr. No	Name	Income	1			2			3			4		
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Sr. No	Name	Income																						
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2																								
3																								
4																								
4	Amount of monthly income of dependent family members of deceased employee (including family pension and dearness relief thereon) <u>Note: The applicant for the compassionate appointment shall submit a notarized affidavit stating the total income of family of the deceased.</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Sr. No</th> <th style="width: 40%;">Name</th> <th style="width: 50%;">Income</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td></tr> <tr><td style="text-align: center;">4</td><td></td><td></td></tr> </tbody> </table>			Sr. No	Name	Income	1			2			3			4							
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4																								

Signature of the Widow/Widower / (or)
Right Thumb Impression

Signature of the Applicant
Name of the Applicant :

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 Government 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 fulfills the requirements Of the Recruitment Rules for the post _____
- (i) Apart from waiver of employment Exchange/ Staff Selection Commission procedure what other Relaxations 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 Government 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 Department In the Ministry/Department/Office (with his signature and office Stamp/seal) _____