



भारत सरकार  
GOVERNMENT OF INDIA  
रक्षा मंत्रालय  
MINISTRY OF DEFENCE  
कैंटीन स्टोर्स विभाग  
CANTEEN STORES DEPARTMENT



Fax No.022-22015650  
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E-Mail: agmp@csdIndia.gov.in

"ADELPHI"  
119 MAHARSHI KARVE ROAD,  
MUMBAI - 400 020

Ref: 3/Pers/A-1/PN- (Part)/2483

Date: 29 Aug' 2025

email/Speedpost

EMPLOYMENT ON COMPASSIONATE GROUNDS

1. Compassionate Board Meeting is being proposed to be scheduled in November 2025.
2. Accordingly, a proforma is attached which must be duly filled with updated information and forwarded to Assistant General Manager (Personnel) by email (agmp@csdindia.gov.in) and through Speed Post latest by 28<sup>th</sup> Sep' 2025.
3. It is reiterated that "Compassionate appointment can be made only up to 5% of direct recruitment vacancies for Group 'C' & 'D' posts that have arisen in the year. No compassionate appointments can be made if there is no vacancy." Therefore, filling up the proforma will not guarantee appointment in this Department.

एन. एस. कुजुर  
(Leonard Sidney Kujur)  
Asst. General Manager (Pers.)  
For General Manager

Encl : a/a

CC : Area Manager  
CSD Depot

The original of this letter has been sent to the applicant. Please arrange to get the proforma filled up on priority and forward the same along with the report of Welfare Officer in terms of circular No. 3/Pers/A-1/1095(IX)/1486 dated 04<sup>th</sup> Sept' 2021. Any incorrect information if furnished in the proforma will result in refusal of offer of appointment at later stage which may be explained to the individual at the time of submission of documents.

" 75 वर्षों से राष्ट्र सेवा में समर्पित "  
" 75 years of Dedicated Service to the Nation "

**GOVERNMENT OF INDIA**  
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**'ADELPHI' 119 M.K. ROAD.**  
**MUMBAI - 400 020**

*PROFORMA REGARDING EMPLOYMENT OF DEPENDENTS OF GOVERNMENT +  
SERVANTS DYING WHILE IN SERVICE/RETIRED ON INVALID PENSION*

PART-A

- I. (a) Name of the Government servant  
(Deceased/retired on medical ground). \_\_\_\_\_
- (b) Designation of the Government servant \_\_\_\_\_
- (c) Whether it is Group 'D' or not. \_\_\_\_\_
- (d) Date of birth of the Government servant \_\_\_\_\_
- (e) Date of death/retirement on medical ground \_\_\_\_\_
- (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 Qualifications. \_\_\_\_\_
- (e) Whether any other dependent family member has been appointed on compassionate ground. \_\_\_\_\_
- 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 Policy (including postal Life Insurance) \_\_\_\_\_
- (e) Moveable and immovable properties (approx. value of property) and annual income earned therefore by the family \_\_\_\_\_
- (f) C.G.E. Insurance amount. \_\_\_\_\_
- (g) Encashment of leave \_\_\_\_\_
- (h) Any other assets \_\_\_\_\_

Total \_\_\_\_\_

IV. Brief particulars of liabilities, if any

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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.	Name(s)	Relationship with the Government Servant	Age	Address	Employed or not (if employed particulars of employment and emoluments)
(1)	(2)	(3)	(4)	(5)	(6)
1.					
2.					
3.					
4.					
5.					

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 herein mentioned are found to be incorrect or false at a future date, my services may be terminated.

2. I hereby all declare that I shall maintain properly the other family members who were dependent on the Government servant/member of the Armed Forces 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.

Date : \_\_\_\_\_

Signature of the candidate

Name \_\_\_\_\_

Address \_\_\_\_\_

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NO OBJECTION CERTIFICATE

I/WE HEREBY CERTIFY THAT I/WE HAVE NO OBJECTION IN GIVING APPOINTMENT TO MY  
MOTHER/BROTHER/SISTER \_\_\_\_\_ ON COMPASSIONATE  
GROUND IN PLACE OF MY DECEASED HUSBAND/ MOTHER/ FATHER  
\_\_\_\_\_ IN CANTEEN STORES DEPARTMENT.

S. NO. NAME

SIGNATURE & DATE

- |    |       |       |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

**PRESENT MARITAL STATUS OF**

**ALL THE FAMILY MEMBERS**

Sr. No.	Name of the family members	Relation	Marital Status (Married/Unmarried)
1)			
2)			
3)			
4)			
5)			

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**PRESENT OCCUPATION/ACTIVITY OF**

**ALL THE FAMILY MEMBERS**

Sr. No.	Name of the family members	Relation	Occupation/Activity
1)			
2)			
3)			
4)			
5)			

*Certified by Civil/Police Authority*

UNDERTAKING

I hereby declare that I shall maintain properly the other family members who were dependent on the Government servant \_\_\_\_\_ 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 : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pin-

Mob. No.-