



भाकृअनुप - राष्ट्रीयचावलअनुसंधानसंस्थान
(भारतीयकृषिअनुसंधानपरिषद), कटक-753 006, ओडिशा
ICAR - National Rice Research Institute
Cuttack – 753 006, Odisha, India



F.No. 10-67/2014-Adm-II/61

Date.28.06.2023

NOTICE

The process of scrutiny of applications received for appointment under Compassionate Appointment Scheme is in progress by ICAR-National Rice Research Institute, Cuttack for dependent family member of an employee of the Institute and its Regional Stations dying in harness/ retired on medical grounds as per rules. To ensure the transparency and objectivity of compassionate appointment, a Point Table for assessing the relative merit of applicant has been adopted (Annexure - I). Therefore, the updated information/ clarifications are sought from the dependent applicants in the format as Annexure II. Those who are desirous of being considered for appointment on compassionate grounds may submit additional information in the attached format (Annexure III) along with attested copies of their AADHAR Card/ PAN Card, bank statement for last six months (upto 30.06.2023), Contact Details (phone number, e mail ID, present and permanent address), etc to undersigned latest by **16.08.2023 (Wednesday)**.

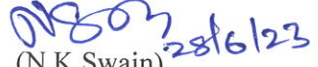
In view of the above, if the family of the deceased official wishes to change the name of the applicant, he/she has to submit the fresh application with all certified supporting documents from the appropriate authorities in the DOPT prescribed format (Annexure III) along with fresh affidavit wherever applicable.

If no response to this communication is received by the above-mentioned date, it will be assumed that there is no change in previous application and scoring will be made as per the information with supporting certified documents submitted from the appropriate authorities.

In case of any confusion or doubt, you may please contact the Welfare Officer of the Institute, Mr S K Sahu on his mobile No. 9938392522 or his mail ID: subodhacri@gmail.com.

In case of any inaccuracies, the same may be brought to the notice of Director, ICAR-NRRI, Cuttack – 753 006 (e mail: director.nrri@icar.gov.in) along with connected documents latest by **16.08.2023**. The list of successful candidates to be recommended under compassionate appointment shall be notified after completion of the assessment process. However, all concerned are advised to visit the www.icar-nrri.in website for further notice.

Date: 28/06/2023
Place: Cuttack


(N K Swain) 28/6/23
I/C Head of Office

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(भारतीयकृषिअनुसंधानपरिषद), कटक-753 006, ओडिशा

ICAR - National Rice Research Institute

Cuttack – 753 006, Odisha, India

Annexure-I

Point Table for assessing relative merit for consideration for appointment on Compassionate Ground

(A) Basic Family Pension (excluding DA & Allowance)

Pre-1996 deceased cases	Pre-2006 deceased cases	Pre-2016 deceased cases	Post-2016 deceased cases	Points
Family Pension	Family Pension	Family Pension	Family Pension	
Up to Rs.500/-	Up to Rs.1300/-	Up to Rs.3500/-	Up to Rs.9000/-	20
Rs.501/- to Rs.600/-	Rs.1301/- to Rs.1500/-	Rs.3501/- to Rs.4,500/-	Rs.9001/- to Rs.11,500/-	18
Rs.601/- to Rs.700/-	Rs.1501/- to Rs.1700/-	Rs.4,501/- to Rs.5,500/-	Rs.11,501/- to Rs.14,000/-	16
Rs.701/- to Rs.800/-	Rs.1701/- to Rs.1900/-	Rs.5,501/- to Rs.6,500/-	Rs.14,001/- to Rs.16,500/-	14
Rs.801/- to Rs.900/-	Rs.1901/- to Rs.2100/-	Rs.6,501/- to Rs.7,500/-	Rs.16,501/- to Rs.19,000/-	12
Rs.901/- to Rs.1000/-	Rs.2101/- to Rs.2300/-	Rs.7,501/- to Rs.8,500/-	Rs.19,001/- to Rs.21,500/-	10
Above Rs.1000/-	Rs.2301/- to Rs.2500/-	Rs.8,501/- to Rs.9,500/-	Rs.21,501/- to Rs.24,000/-	08
--	Above Rs.2500/-	Above Rs.9,500/-	Rs.24,001/- to Rs.26,500/-	06
--	--	--	Rs.26,501/- to Rs.29,000/-	04
--	--	--	Rs.29,001/- to Rs.31,500/-	02
--	--	--	Above Rs.31,500/-	NIL

(B) Lump Sum amount received by the family on death of Govt. servant (i.e. DRG/ GPF/ PPF/ Account Balance/ Leave encashment/ CGEGIS/ LIC/ PLI etc.) Lump Sum amount received under NPS etc.

Pre-1996 deceased cases	Pre-2006 deceased cases	Pre-2016 deceased cases	Post-2016 deceased cases	Points
Terminal Benefits	Terminal Benefits	Terminal Benefits	Terminal Benefits	
Up to Rs.10,000/-	Up to Rs.1,00,000/-	Up to Rs.4,00,000/-	Up to Rs.10,00,000/-	10
10,001/- to 20,000/-	1,00,001/- to 1,20,000/-	4,00,001/- to 4,75,000/-	10,00,000/- to 11,87,500/-	09
20,001/- to 30,000/-	1,20,001/- to 1,40,000/-	4,75,001/- to 5,50,000/-	11,87,501/- to 13,75,000/-	08
30,001/- to 40,000/-	1,40,001/- to 1,60,000/-	5,50,001/- to 6,25,000/-	13,75,001/- to 15,62,500/-	07
40,001/- to 50,000/-	1,60,001/- to 1,80,000/-	6,25,001/- to 7,00,000/-	15,62,501/- to 17,50,000/-	06
50,001/- to 60,000/-	1,80,001/- to 2,00,000/-	7,00,001/- to 7,75,000/-	17,50,001/- to 19,37,500/-	05
60,001/- to 70,000/-	2,00,001/- to 2,20,000/-	7,75,001/- to 8,50,000/-	19,37,501 to 21,25,000/-	04
70,001/- to 80,000/-	2,20,001/- to 2,40,000/-	8,50,001/- to 9,25,000/-	21,25,001/- to 23,12,500/-	03
80,001/- to 90,000/-	2,40,001/- to 2,60,000/-	9,25,001/- to 10,00,000/-	23,12,501/- to 25,00,000/-	02
90,001/- to 1,00,000/-	2,60,001/- to 3,00,000/-	10,00,001/- to 10,75,000/-	25,00,001/- to 26,87,500/-	01
Above Rs.1,00,000/-	Above Rs.3,00,000/-	Above Rs.10,75,000/-	Above Rs.26,87,500/-	NIL

(C) Annual income of earning members and income from property (This does not include the monthly family pension/ pension due to the death/MBC/missing of Govt. servant) but any other pensions, income of all the family members (including earning members living separately) should be accounted

Total Income	Points
No Income	05
Up to Rs.1,05,000/-	04
Rs.1,05,001/- to Rs.1,35,000/-	03

Rs.1,35,001/- to Rs.1,65,000/-	02
Rs.1,65,001/- to Rs.1,95,000/-	01
Above Rs.1,95,000/-	Nil

(D) Movable /Immovable Property (Latest Market Value in Rs.)

Total Latest Market Value	Points
Nil	10
Up to Rs.5,00,000/-	08
Rs.5,00,001/- to Rs.10,00,000/-	06
Rs.10,00,001/- to Rs.15,00,000/-	04
Rs.15,00,001/- to Rs.20,00,000/-	02
Above Rs.20,00,000/-	Nil

(E) Number of Dependants

Nos.	Points
03 and above	15
02 nos.	10
01 no.	05
None	00

(F) Number of Minor Children

Nos.	Points
03 and above	15
02 nos.	10
01 no.	05
None	00

(G) Number of Unmarried Daughters

Nos.	Points
03 and above	15
02 nos.	10
01 no.	05
None	00

(H) Left over Service

Years	Points
0 to 05 years	02
Over 05 years and upto 10 years	04
Over 10 years and upto 15 years	06
Over 15 years and upto 20 years	08
Over 20 years	10

In addition to the above 100-point score, cases where the wife of the deceased official has applied for compassionate appointment for herself will be allocated 15 additional points as grace points. This will be in line with the general principle of natural justice that the widow needs to be given preference for compassionate appointment.



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ICAR - National Rice Research Institute
Cuttack – 753 006, Odisha, India



Annexure-II

Form for furnishing the Latest/ Revised Information by Dependant of Government Servants Deceased while in Service or retired on Medical Ground

1. Details of the Deceased Employee/ Retired on Medical Ground		
a	Name of the Govt Servant (Deceased/ Retired on medical ground)	
b	Designation of the Govt Servant	
c	Date of birth of Govt Servant	
d	Date of Death/ retirement on medical ground	
e	Total length of service rendered	
f	Whether permanent/ temporary	
g	Whether belongs to SC/ST/OBC/EWS	
2. Details of Applicant Seeking Appointment		
a	Name of the dependent candidate for appointment	
b	Date of Birth (As per Certificate)	
c	Address of the applicant for correspondence	
	Permanent Address	Temporary Residential Address
(i)	House No	
(ii)	Village/Town	
(iii)	Post	
(iv)	Tehsil	
(v)	District	
(vi)	State	
(vii)	Pin Code	
Telephone		
(i)	Land line	
(ii)	Mobile	
(iii)	Alternate Mobile No	
(iv)	E mail ID	
d	AADHAR No	
e	PAN Number (if available)	

f	Educational qualification (Attach self-attested copy of pass certificate/ school leaving certificate)		
g	Whether Below Poverty Line Card Holder? (If yes, attach BPL card)		
h	Whether any other dependent family member of the applicant has appointed on compassionate ground (if yes, details thereof)		
3. Moveable/Immovable property value (Attach Certificate with latest market value as on 30.06.2023 from Revenue Officers / Tahsildar)			
a	Total Value of moveable and Immovable property		
i	Property where applicant is staying: Own/ Rented		
(i)	If own residential house: Pucca or Kachha		
(ii)	Address		
(iii)	Size of Plot		
(iv)	Built in area		
(v)	Agricultural land (Details)		
b	Income from property (Latest income certificate to be furnished excluding income from Pension)		
c	Commercial property if any (shops/ other properties)		
(i)	Address of Commercial property		
4. Brief Particulars of liabilities, if any			
a.	Name, relation, age, current occupation of the major dependent family members as on 30.06.2023 (Attach the affidavit of No objection certificates from all the major dependent family members in favour of the applicant).		
	Names of the dependant members	Relation with Govt Servant	Age
	Employed (if employed, particulars of employment with annual income to be furnished)		
(i)			
(ii)			
(iii)			
(iv)			
(v)			
(vi)			
b.	Name, age of unmarried daughters as on 30.06.2023		
	Names of unmarried daughter(s)	Age	Employed (if employed, particulars of employment with annual income to be furnished)
(i)			
(ii)			
(iii)			

c	Dependant minor children (less than 18 years as on 30.06.2023)		
	Names of dependant minor children	Age	Relation with Govt employee
(i)			
(ii)			
(iii)			

5. Declaration/ Undertaking

- a. I hereby declare that the facts given by me above are correct to the best of my knowledge. If any of the facts herein mentioned are found to be incorrect, concealed or false at future date, my service may be terminated.
- b. I hereby also declare that I shall maintain properly the other family members who were dependent on the government servant mentioned against 1(a) of Part A of the 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 the candidate.....

Name

Address.....

.....

.....

Mobile No.....

E mail.....

Annexure - III

सेवा के दौरान मृत्यु/अशक्त पेंशन पर सरकारी कर्मचारियों के आश्रितों की नियुक्ति के संबंध में
प्रारूप / PROFORMA REGARDING EMPLOYMENT OF DEPENDENTS OF
GOVERNMENT SERVANTS DYING WHILE IN SERVICE/RETIRED ON INVALID
PENSION

भाग - क / PART-A

- I. क) सरकारी कर्मचारी का नाम
(स्वर्गीय/चिकित्सा आधार पर सेवानिवृत्त) _____
- I. (a) Name of the Government Servant
(Decreased/retired on medical ground) _____
- ख) सरकारी कर्मचारी का पदनाम
(b) Designation of the Government Servant. _____
- ग) क्या यह एमटीएस है (भूतपूर्व समूह घ) का है या नहीं
(c) Whether it is MTS (erstwhile Group 'D') or not ? _____
- घ) सरकारी कर्मचारी की जन्म तिथि
(d) Date of birth of the Government Servant. _____
- ङ) मृत्यु की तिथि/ चिकित्सा आधार पर सेवानिवृत्त
(e) Date of death/retirement on medical grounds. _____
- च) सेवा की कुल अवधि
(f) Total length of Service rendered. _____
- छ) स्थायी या अस्थायी
(g) Whether permanent or temporary. _____
- ज) क्या अनुसूचित जाति/अनुसूचित जनजाति/ अन्य पिछला वर्ग से हैं
(h) Whether belonging to SC/ST/OBC _____
- II. क) नियुक्ति हेतु उम्मीदवार का नाम
II. (a) Name of the candidate for appointment. _____
- ख) सरकारी कर्मचारी के साथ उसका संबंध
(b) His/Her relationship with the Government servant _____
- ग) जन्म तिथि
(c) Date of birth _____
- घ) शैक्षिक योग्यता
(d) Educational Qualifications. _____

ड) क्या किसी अन्य आश्रित को अनुकंपा के आधार
नियुक्ति मिली है

(e) Whether any other dependent family member
has been appointed on compassionate grounds.

III. छोड़ी गई कुल परिसंपत्ति का विवरण राशि सहित / Particulars of total assets left including amount of

क) परिवारिक पेंशन

(a) Family Pension

ख) मृत्यु-सह-सेवानिवृत्त उपदान

(b) D.C.R. Gratuity

ग) सामान्य भविष्य निधि में शेष राशि

(c) G.P.F. Balance

घ) जीवन बीमा पालिसियां (पीएलआई सहित)

(d) Life Insurance Policies (including Postal Life Insurance)

ड) चल एवं अचल परिसंपत्तियां तथा परिवार
द्वारा उससे अर्जित वार्षिक आय

(e) Moveable and Immovable properties and annual
income earned therefrom by the family

च) केंद्र सरकार कर्मचारी बीमा राशि

(f) C.G.E. Insurance amount

छ) छुट्टी भुनाने की राशि

(g) Encashment of leave

ज) अन्य कोई संपत्ति तथा आय के अन्य कोई स्रोत

(h) Any other assets and any other sources of income

कुल

Total

IV. अन्य कोई दायित्व/देयता यदि हो तो

IV. Brief particular of liabilities if any

- V. सरकारी कर्मचारी के सभी आश्रितों का विवरण _____
(यदि वे नियुक्त हैं तो उनकी आय तथा क्या वे साथ रहते हैं या अलग रहते हैं) 31.3.2015 की स्थिति दें।
- 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) as on 31.03.15.

क्रम सं.	नाम	सरकारी कर्मचारी के साथ संबंध	आयु	वैवाहिक स्थिति, यदि हां तो क्या जीवनसाथी नौकरी में है तथा उनका विवरण	पता	नौकरी में है या नहीं यदि नौकरी में हैं तो नियुक्ति का विवरण एवं परिलब्धियां
1	2	3	4	5	6	7

1.

2.

3.

4.

5.

S.No.	Name(s)	Relations hip with Govt. servant	Age	Marital status, if yes, whether spouse is employed and details/ thereof	Address	Employed or not if employed particulars of employment and emoluments)
(1)	(2)	(3)	(4)	(5)	(6)	(7)

1.

2.

3.

4.

5.

VI. घोषणा/वचन / DECLARATION/UNDERTAKING

1. मैं इसके द्वारा घोषणा करता हूँ कि जहाँ तक मुझे पता और विश्वास है, मेरे द्वारा दिए गए उपरोक्त तथ्य सही हैं। यदि इसमें उल्लिखित कोई तथ्य गलत या झूठा, भविष्य में पाया गया तो, मेरी सेवायें समाप्त की जा सकती हैं।
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. मैं इसके द्वारा यह भी घोषणा करता हूँ कि अन्य परिवार के उन सदस्यों का उचित देखभाल करूँगा जो सरकारी कर्मचारी/ सेना पर आश्रित हैं जैसा कि इस प्रारूप में भाग-क के 1 (क) में उल्लिखित है तथा यदि किसी भी समय यह साबित हो जाता है कि मेरे द्वारा उपरोक्त परिवार के सदस्यों को उपेक्षा की गई है या उनकी उचित देखभाल नहीं की गई है तो मेरी सेवायें समाप्त की जा सकती हैं।
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.

तिथि / Date :

उम्मीदवार का हस्ताक्षर /

Signature of the candidate

नाम / Name:

पता / Address:

मैं श्री/श्रीमती/कुमारी _____ को जानता हूँ तथा इसमें उल्लिखित तथ्य सही हैं।
 Shri/Smt/Kum _____ is known
 to and the fact mentioned by him/her are correct

स्थायी सरकारी कर्मचारी का हस्ताक्षर / Signature of
 permanent government servant

नाम / Name: _____

पता / Address: _____

मैंने सत्यापन कर लिया है तथा उम्मीदवार द्वारा उल्लेख किए गए तथ्य सही हैं।

I have verified that the facts mentioned above by the candidate are correct.

स्थायी सरकारी कर्मचारी का हस्ताक्षर / Signature of
 permanent government servant

तिथि / Date :

नाम / Name: _____

पता / Address: _____

ରୁକ୍ମିଣୀ କାୟର୍ପକାଳ ମଧ୍ୟରେ ମୁଦ୍ରାବରଣ କରିଥିବା/ ରୁକ୍ମିଣୀ ଅବଧି ମଧ୍ୟରେ ଅକର୍ମଣ୍ୟ
ହୋଇ ଅବସର ନେଇଥିବା ସରକାରୀ/ଭା.କୃ.ଅନୁ.ପ. କର୍ମଚାରୀ କିମ୍ବା ଉତ୍ତରାଧିକାରୀ/
ଆଶ୍ରିତଙ୍କ ଥଇଥାନ ନିମନ୍ତେ କର୍ମନିୟୁକ୍ତି ଦରଖାସ୍ତ

୧. କର୍ମଚାରୀଙ୍କ ସମ୍ପର୍କରେ

- କ) ସରକାରୀ/ଭା.କୃ.ଅନୁ.ପ.କର୍ମଚାରୀଙ୍କ ନାମ : _____
(ମୃତ/ଅସୁସ୍ଥତା ଯୋଗୁଁ ଅବସର)
- ଖ) ପଦବୀ : _____
- ଗ) ଏହା ଏମ୍ ଟି ଏସ୍ କି ହୁଏଁ / ନାଁ : _____
(ପୂର୍ବତନ ଚତୁର୍ଥ ଶ୍ରେଣୀ କର୍ମଚାରୀ) କି ନୁହେଁ
- ଘ) କର୍ମଚାରୀଙ୍କ ଜନ୍ମ ତାରିଖ : _____
- ଙ) ମୃତ୍ୟୁ ତାରିଖ/ଅସୁସ୍ଥତା ଯୋଗୁଁ : _____
ଅବସର ନେବା ତାରିଖ
- ଚ) ସମୁଦାୟ ରୁକ୍ମିଣୀ କାୟର୍ପକାଳ : _____
- ଛ) ରୁକ୍ମିଣୀ ସ୍ଥାୟୀ/ଅସ୍ଥାୟୀ କି ? : _____
- ଜ) ଅନୁସୂଚିତ ଜାତି/ଅନୁସୂଚିତ : _____
ଜନଜାତି / ପଛୁଆ ବର୍ଗ ର କି ?

୨. ପ୍ରାର୍ଥୀଙ୍କ ସମ୍ପର୍କରେ

- କ) ନିୟୁକ୍ତି ପାଇଁ ପ୍ରାର୍ଥୀଙ୍କ ନାମ : _____
- ଖ) ସରକାରୀ/ଭା.କୃ.ଅନୁ.ପ. କର୍ମଚାରୀଙ୍କ ସହିତ ପ୍ରାର୍ଥୀଙ୍କ ସମ୍ପର୍କ: _____
- ଗ) ପ୍ରାର୍ଥୀଙ୍କ ଜନ୍ମ ତାରିଖ : _____
- ଘ) ପ୍ରାର୍ଥୀଙ୍କ ଶିକ୍ଷାଗତ ଯୋଗ୍ୟତା : _____

୩) ପରିବାରର ଅନ୍ୟ କେଉଁ ସଦସ୍ୟ ପୂର୍ବରୁ ସହାନୁଭୂତିଶୀଳ : _____

ଭାବେ ନିୟୁତ୍ତି ପାଇଛନ୍ତି କି ?

୩. କର୍ମଚାରୀଙ୍କ ସମ୍ପର୍କରେ

ସମସ୍ତ ସମ୍ପର୍କ ବିଶେଷତଃ ବର୍ତ୍ତମାନର ମୂଲ୍ୟ : ଟ. _____

କ) ପରିବାର ପେନ୍ସନ୍ / ଅବସରକାଳୀନ ମାସିକ ପେନ୍ସନ୍ : ଟ. _____

ଖ) ମୃତ୍ୟୁ ଅଥବା ଅବସରକାଳୀନ ଗ୍ରାହ୍ୟତା ରାଶି : ଟ. _____

ଗ) ଜି.ପି.ଏଫ୍. ଅର୍ଥ (ସାଧାରଣ ଭବିଷ୍ୟନ୍ତ) ରାଶି : ଟ. _____

ଘ) ଜୀବନ ବୀମା ଯୋଜନା / (ପୋଷ୍ଟାଲ ଜୀବନ ବୀମା) : ଟ. _____

ଙ) ସ୍ଥାବର ଓ ଅସ୍ଥାବର ସମ୍ପତ୍ତି ଓ ସେଥିରୁ ପରିବାରର ବାର୍ଷିକ ଆୟ : ଟ. _____

ହେଉଥିବାର ହିସାବ

ଡ) ଗୋଷ୍ଠୀ ବୀମାର ଅର୍ଥ : ଟ. _____

ଚ) ବଳକା ଛୁଟି ରୁ ପାଇଥିବା ଅର୍ଥ : ଟ. _____

ଛ) ଅନ୍ୟ କିଛି ସମ୍ପତ୍ତି

ଏବଂ ଅନ୍ୟ କିଛି ଆୟର ଉତ୍ସ/ଉପାୟ : ଟ. _____

ସମୁଦାୟ : ଟ. _____

୪. କର୍ମଚାରୀଙ୍କ ସମସ୍ତ ଦେୟ ବା ରଶ

ଯଦି କିଛି ନିର୍ଦ୍ଦିଷ୍ଟ ଅଛି, ତାର ସଂକ୍ଷିପ୍ତ ସୂଚନା : ଟ. _____

୫. ସରକାରୀ/ଭା.କୃ.ଅନୁ.ପ.କର୍ମଚାରୀଙ୍କ ଉପରେ

: ଟ.-----

ଆଶ୍ରିତ ସମସ୍ତ ପରିବାର ସଦସ୍ୟଙ୍କ ବିବରଣୀ (ତା ୩୧.୩.୧୫ ତାରିଖ ସୁଦ୍ଧା)

(ଯଦି କେହି ଖଜିରା କରୁଛନ୍ତି ବା ରୋଜଗାରକ୍ଷମା, ତେବେ

ତାଙ୍କର ସେମାନଙ୍କର ମାସିକ ଆୟ ଏବଂ ସେମାନେ

ପରିବାର ସହ ରହୁଛନ୍ତି ନା ଅଲଗା ରହୁଛନ୍ତି)

ପାଆଁଙ୍କ/ପରିବାରର ସଦସ୍ୟ ସମକ୍ଷୀୟ(କ୍ର.ନଂ ୫ ଅନୁସାରେ) :

କ୍ର. ସଂଖ୍ୟା	ନାମ	ସରକାରୀ କର୍ମଚାରୀ ସହିତ ସମ୍ପର୍କ	ବୟସ	ବୈବାହିକ ଅବସ୍ଥା ଯଦି ହଁ, ସାମା/ସା କେଉଁଠି ଖଜିରା କରୁଛନ୍ତି କି ନାହିଁ ଏବଂ ସେମାନଙ୍କର ମାସିକ ବେତନ	ଠିକଣା	ଖଜିରା କରୁଛନ୍ତି କି ନାହିଁ ଯଦି କରୁଛନ୍ତି, ଖଜିରା/ନିର୍ଦ୍ଦେଶ ପାଉଥିବା ଦରମା/ବେତନ
(୧)	(୨)	(୩)	(୪)	(୫)	(୬)	(୭)

୧.

୨.

୩.

୪.

୫.

୨. ସତ୍ୟପାଠ/ଘୋଷଣା ପତ୍ର

୧) ମୁଁ ଏତଦ୍ୱାରା ଘୋଷଣା କରୁଛି ଯେ, ଉପର ଲିଖିତ ମୋ ଦ୍ୱାରା ପ୍ରଦତ୍ତ ଉପର ଲିଖିତ ସମସ୍ତ ତଥ୍ୟ ସବୁକିଛି ମୋ ଜ୍ଞାତ ସାରରେ ହୋଇଛି ଏବଂ ସବୁକିଛି ନିର୍ଭୁଲ ଓ ସତ୍ୟ ଅଟେ । ଯଦି ଭବିଷ୍ୟତରେ କୌଣସି କିଛି ତଥ୍ୟ ଭୁଲ୍ ପ୍ରମାଣିତ ହୁଏ, ତେବେ ମୋତେ ଉକ୍ତିରାତ୍ନ ବରଖାସ୍ତ କରିପାରିବେ ।

୨) ମୁଁ ମଧ୍ୟ ଏତଦ୍ୱାରା ଆହୁରି ଘୋଷଣା କରୁଛି ଯେ, ମୁଁ ଉପଯୁକ୍ତ ଏବଂ ସୂଚ୍ୟରୁ ଭାବରେ ପରିବାରରୁ ଅନ୍ୟ ସମସ୍ତ ସଦସ୍ୟ (ଯିଏ/ଯେଉଁମାନେ କି ସରକାରୀ/ଭା.କୃ.ଅନୁ.ପ. କର୍ମଚାରୀଙ୍କ ଉପରେ ଆଗ୍ରତ) କି ଭରଣପୋଷଣ ନିର୍ବାହ କରିବେ । ଯଦି ଭବିଷ୍ୟତରେ ଏହା ପ୍ରମାଣିତ ହୁଏ ଯେ, ପରିବାରର କୌଣସି ସଦସ୍ୟଙ୍କ ଦାୟିତ୍ୱ / ଭରଣପୋଷଣ ମୁଁ ଠିକ୍ ଭାବେ ତୁଲାଇ ପାରିଲି ନାହିଁ କିମ୍ବା ସେମାନଙ୍କ ମଧ୍ୟରୁ କେହି ଅବହେଳିତ ହେଲେ, ତେବେ ମୋତେ ଉକ୍ତିରାତ୍ନ ବରଖାସ୍ତ କରିପାରିବେ ।

ତାରିଖ :

ପ୍ରାର୍ଥୀଙ୍କ ଦସ୍ତଖତ

ନାମ :

ଠିକଣା:

ଶ୍ରୀ / ଶ୍ରୀମତୀ / କୁମାରୀ-----

କି ମୁଁ ଜାଣିଛି ଏବଂ ତାଙ୍କ ଦ୍ୱାରା ଦିଆଯାଇଥିବା ସମସ୍ତ ତଥ୍ୟ ସଠିକ୍ ଓ ନିର୍ଭୁଲ ।

ତାରିଖ :-----

ସ୍ଥାୟୀ ସରକାରୀ /ଭା.କୃ.ଅନୁ.ପ.କର୍ମଚାରୀଙ୍କ ଦସ୍ତଖତ

ନାମ -----

ଠିକଣା -----

ପ୍ରାର୍ଥୀଙ୍କ ଦ୍ୱାରା ଉପରେ ଦିଆଯାଇଥିବା ସବୁ ତଥ୍ୟକୁ ମୁଁ ଯାଞ୍ଚ କରିଛି ଏବଂ ସବୁ ଠିକ୍ ଅଛି ବୋଲି ମୁଁ ପ୍ରମାଣିତ କରୁଛି ।

ତାରିଖ :-----

ସ୍ଥାୟୀ କର୍ମଚାରୀଙ୍କ ଦସ୍ତଖତ

ସରକାରୀ/ଭା.କୃ.ଅନୁ.ପ କର୍ମଚାରୀ

ନାମ : -----

ଠିକଣା: -----