

**FORMAT**  
**APPLICATION FORM FOR COMPASSONATE GROUND APPOINTMENT**

**Ex Railway Employees details**

1. Name :..... P.F. Number .....
2. Designation:..... Department. ....
3. Division : ..... Bill Unit .....
4. Date of Death/Medical invalidation/unfitness .....
5. Age at the time of Death/Medical invalidation .....
6. Reasons of Death if any.....
7. Caste .....

**Family Details**

| Name | Education | Relation with Deceased | Age | Marital Status | Employment status |
|------|-----------|------------------------|-----|----------------|-------------------|
|      |           |                        |     |                |                   |
|      |           |                        |     |                |                   |
|      |           |                        |     |                |                   |

**Applicant's Particulars**

1. Name
2. Date of Birth
3. Relationship with the deceased
4. Married/Unmarried
5. Educational Qualification

| Class | Year of Passing | Board/University | % of marks |
|-------|-----------------|------------------|------------|
|       |                 |                  |            |
|       |                 |                  |            |
|       |                 |                  |            |

**Documents enclosed: (please Tick)**

1. Date of Birth proof.
2. Education proof
3. NOC of elder brother
4. Caste proof

Signature of Wife/Husband  
(as the case may be)

Signature of Applicant with date

