



**UNION BANK OF INDIA**

**Application for Employment of Dependents of Employee Dying while in Service**

**PART A ( i )**

I Shri/Smt. \_\_\_\_\_, regret to inform that, my \_\_\_\_\_ Shri/Smt. \_\_\_\_\_, working as \_\_\_\_\_ at \_\_\_\_\_ has expired on \_\_\_\_\_ at the age of \_\_\_ years.

I, Shri / Smt. \_\_\_\_\_ am the \_\_\_\_\_ of Shri / Smt. \_\_\_\_\_. I request that, my appointment be considered on compassionate grounds in terms of the Scheme.

The personal details of the deceased employee is as under:-

|       |                                     |  |
|-------|-------------------------------------|--|
| 1     | Name                                |  |
| 2     | Employee No.                        |  |
| 3     | Designation                         |  |
| 4 (a) | Last Posting                        |  |
| 4 (b) | Regional Office                     |  |
| 5 (a) | Date of Birth                       |  |
| 5 (b) | Age at Death                        |  |
| 5 (c) | Remaining months of service         |  |
| 6     | Date of Joining                     |  |
| 7     | Length of Service                   |  |
| 8     | Date of Death                       |  |
| 9     | Category (SC/ST/OBC/Gen.)           |  |
| 10    | No. of Dependants                   |  |
| 11    | Full last month salary net of taxes |  |

| <b>Terminal Benefits:-</b>  | <b>Rs.</b> |  |
|---|------------|--|
| 1. P F  |            |  |
| 2. Gratuity   |            |  |
| 3. PL Encashment  |            |  |
| 4. Other Term Benefits (DRF / Hsg. Loan Exgratia, etc.)   |            |  |
| <b>Total Terminal Benefits (A)</b>  |            |  |
| <b>Liabilities:</b>   |            |  |
| Details of loans taken from Bank and/or other Financial Institutions with the prior approval of the Bank: |            |  |
| (i)   |            |  |
| (ii)  |            |  |
| (iii)   |            |  |
| <b>Total Liabilities (B)</b>  |            |  |

|  |            |  |  |
|--|------------|--|--|
| <b>Gross Terminal Benefits (A-B)</b>   | <b>(C)</b> |  |  |
| <b>Investments:</b>  |            |  |  |
| (i) Deposits   |            |  |  |
| (ii) NSCs  |            |  |  |
| (iii) PPF  |            |  |  |
| (iv) LIC & other Life Insurance Policies including Postal Life Insurance         |            |  |  |
| (v) Others   |            |  |  |
| <b>Total Investments</b>   | <b>(D)</b> |  |  |
| <b>Net Terminal Benefits (C+D)</b>   | <b>(E)</b> |  |  |
| <b>Details of movable property</b>   |            |  |  |
| <b>Details of immovable property</b>   |            |  |  |
| <b>Monthly income of the family from all sources:</b>                            |            |  |  |
| (i) Family Pension from Bank   |            |  |  |
| (ii) Family Pension from Defence   |            |  |  |
| (iii) Pension of dependents  |            |  |  |
| (iv) Monthly income from investments mentioned above                             |            |  |  |
| (v) Monthly interest on Terminal Benefits at max. Staff Rate                     |            |  |  |
| (vi) Monthly income from movable & immovable property (on items mentioned above) |            |  |  |
| (vii) Monthly income of dependent family members.                                |            |  |  |
| (viii) Any other monthly income.   |            |  |  |
| <b>Total monthly income of the family</b>  |            |  |  |

Details of the candidate applying for compassionate appointment in terms of the scheme are as under:

|      |   |  |
|------|---|--|
| 1    | Name  |  |
| 2    | Relationship with the deceased  |  |
| 3(a) | Date of Birth   |  |
| 3(b) | Age on date of application  |  |
| 4    | Educational Qualifications  |  |
| 5    | Experience if any   |  |
| 6    | Whether any other dependent family member has been appointed on compassionate grounds, if yes provide details |  |
| 7    | Category (SC/ST/OBC/Gen.)   |  |

**(III) Details of all dependent family members of the deceased employee :**

| S. No | Name | Relationship with deceased employee | Date of Birth | Qualification | Address | If earning Source of Income, Name of Employer | Monthly Emoluments |
|-------|------|-------------------------------------|---------------|---------------|---------|---|--------------------|
| 1     | 2    | 3                                   | 4             | 5             | 6       | 7   | 8                  |
|       |      |                                     |               |               |         |   |                    |
|       |      |                                     |               |               |         |   |                    |
|       |      |                                     |               |               |         |   |                    |
|       |      |                                     |               |               |         |   |                    |
|       |      |                                     |               |               |         |   |                    |
|       |      |                                     |               |               |         |   |                    |
|       |      |                                     |               |               |         |   |                    |

**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 also declare that I shall maintain properly the other family members who were dependent on the deceased employee mentioned against 1 of Part-A(i) 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 :

Shri/Smt/Kum\_\_\_\_\_ is known to me and the facts mentioned by him/her are correct and verified by me.

Date:

Signature of witness\*

Name : \_\_\_\_\_

Address: \_\_\_\_\_

**\*either any employee in the Senior level of Bank or Gazetted rank official from State/Central Government.**



**UNION BANK OF INDIA**

**Application for Employment of Dependents of Employee  
Retired on Medical Grounds Due To Total Incapacitation**

**PART A ( ii )**

I Shri/Smt. \_\_\_\_\_, have to inform that, I am suffering from \_\_\_\_\_, which has rendered me totally incapable of doing any work. I had therefore, requested Management to permit me to retire voluntarily on Medical Grounds as per the extant rules. The Management has accepted my request for voluntary retirement on medical grounds w.e.f. \_\_\_\_\_.

I enclose the Medical Certificate of \_\_\_\_\_ the duly appointed Medical Board in the \_\_\_\_\_ Government Medical College / Government District Head Quarters Hospitals / Panel of Doctors nominated by the Bank certifying my incapacitation.

I request that appointment of my \_\_\_\_\_, Shri/Smt. \_\_\_\_\_ be considered on compassionate grounds in terms of the Scheme.

\_\_\_\_\_  
Signature or Thumb Impression of the Applicant

The personal details of the employee retired voluntarily on Medical Grounds is as under:-

|       |   |  |
|-------|---|--|
| 1     | Name  |  |
| 2     | Employee No.                                    |  |
| 3     | Designation                                     |  |
| 4 (a) | Last Posting                                    |  |
| 4 (b) | Regional Office                                 |  |
| 5 (a) | Date of Birth                                   |  |
| 5 (b) | Age at voluntary retirement on medical grounds  |  |
| 5 (c) | Remaining months of service                     |  |
| 6     | Date of Joining                                 |  |
| 7     | Length of Service                               |  |
| 8     | Date of voluntary retirement on medical grounds |  |
| 9     | Category (SC/ST/OBC/Gen.)                       |  |
| 10    | No. of Dependants                               |  |
| 11    | Full last month salary net of taxes             |  |

| <b>Terminal Benefits:-</b>  | <b>Rs.</b> |  |
|---|------------|--|
| 1. P F  |            |  |
| 2. Gratuity   |            |  |
| 3. PL Encashment  |            |  |
| 4. Other Term Benefits (DRF / Hsg. Loan Exgratia, etc.)   |            |  |
| <b>Total Terminal Benefits (A)</b>  |            |  |
| <b>Liabilities:</b>   |            |  |
| Details of loans taken from Bank and/or other Financial Institutions with the prior approval of the Bank: |            |  |
| (i)   |            |  |
| (ii)  |            |  |
| (iii)   |            |  |
| <b>Total Liabilities (B)</b>  |            |  |
| <b>Gross Terminal Benefits (A-B) (C)</b>  |            |  |
| <b>Investments:</b>   |            |  |
| (i) Deposits  |            |  |
| (ii) NSCs   |            |  |
| (iii) PPF   |            |  |
| (iv) LIC & other Life Insurance Policies including Postal Life Insurance                                  |            |  |
| (v) Others  |            |  |
| <b>Total Investments (D)</b>  |            |  |
| <b>Net Terminal Benefits (C+D) (E)</b>  |            |  |
| <b>Details of movable property</b>  |            |  |
| <b>Details of immovable property</b>  |            |  |
| <b>Monthly income of the family from all sources:</b>   |            |  |
| (i) Family Pension from Bank  |            |  |
| (ii) Family Pension from Defence  |            |  |
| (iii) Pension of dependents   |            |  |
| (iv) Monthly income from investments mentioned above  |            |  |
| (v) Monthly interest on Terminal Benefits at max. Staff Rate  |            |  |
| (vi) Monthly income from movable & immovable property (on items mentioned above)                          |            |  |
| (vii) Monthly income of dependent family members.   |            |  |
| (viii) Any other monthly income.  |            |  |
| <b>Total monthly income of the family</b>   |            |  |

Details of the candidate nominated for compassionate appointment in terms of the scheme, are as under:

|       |   |  |
|-------|---|--|
| 1     | Name  |  |
| 2     | Relationship with the employee retired voluntarily on Medical Grounds   |  |
| 3 (a) | Date of Birth   |  |
| 3(b)  | Age on date of application  |  |
| 4     | Educational Qualifications  |  |
| 5     | Experience if any   |  |
| 6     | Whether any other dependent family member has been appointed on compassionate grounds, if yes provide details |  |
| 7     | Category (SC/ST/OBC/Gen.)   |  |

**(III) Details of all dependent family members of the employee retired voluntarily on Medical Grounds :**

| S. No | Name | Relationship with employee retired voluntarily on Medical Grounds | Date of Birth | Qualification | Address | If earning Source of Income, Name of Employer | Monthly Emoluments |
|-------|------|---|---------------|---------------|---------|---|--------------------|
| 1     | 2    | 3   | 4             | 5             | 6       | 7   | 8                  |
|       |      |   |               |               |         |   |                    |
|       |      |   |               |               |         |   |                    |
|       |      |   |               |               |         |   |                    |
|       |      |   |               |               |         |   |                    |
|       |      |   |               |               |         |   |                    |
|       |      |   |               |               |         |   |                    |
|       |      |   |               |               |         |   |                    |
|       |      |   |               |               |         |   |                    |

Signature or Thumb Impression of the Applicant

Signature of the candidate

**DECLARATION/UNDERTAKING OF THE CANDIDATE NOMINATED FOR COMPASSIONATE APPOINTMENT:**

1. I hereby declare that the facts given 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 also declare that I shall maintain properly the other family members who were dependent on the employee retired voluntarily on Medical Grounds mentioned against 1 of Part-A (ii) 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 :

Shri/Smt/Kum\_\_\_\_\_is known to me and the facts mentioned by him/her are correct and verified by me.

Date:

Signature of witness\*

Name :

Address:

**\*either any employee in the Senior level of Bank or Gazetted rank official from State/Central Government.**



**UNION BANK OF INDIA**

**Application for Employment of Dependents of Missing Employee**

**PART A ( iii )**

I Shri/Smt. \_\_\_\_\_, regret to inform that, my \_\_\_\_\_ Shri/Smt. \_\_\_\_\_, working as \_\_\_\_\_ at \_\_\_\_\_ has been missing since \_\_\_\_\_ at the age of \_\_\_ years and had \_\_\_\_\_ years to retire.

I enclose the FIR dated \_\_\_\_\_ in this regard, lodged with the \_\_\_\_\_ Police Station. **The Police Investigation Report is attached.**

I, Shri/Smt. \_\_\_\_\_ am the \_\_\_\_\_ of Shri/ Smt. \_\_\_\_\_. I request that, my appointment be considered on compassionate grounds in terms of the Scheme.

The personal details of the missing employee is as under:-

|       |  |  |
|-------|--|--|
| 1     | Name   |  |
| 2     | Employee No.                                       |  |
| 3     | Designation  |  |
| 4 (a) | Last Posting                                       |  |
| 4 (b) | Regional Office                                    |  |
| 5 (a) | Date of Birth                                      |  |
| 5 (b) | Age as on the date of going missing /not traceable |  |
| 5 (c) | Remaining months of service                        |  |
| 6     | Date of Joining                                    |  |
| 7     | Length of Service                                  |  |
| 8     | Date of going missing /not traceable               |  |
| 9     | Category (SC/ST/OBC/Gen.)                          |  |
| 10    | No. Of Dependants                                  |  |
| 11    | Full last month salary net of taxes                |  |



## Details of Terminal Benefits, Liabilities, Income etc.:

| <b>Terminal Benefits:-</b>  | <b>Rs.</b> |  |
|---|------------|--|
| 1. P F  |            |  |
| 2. Gratuity   |            |  |
| 3. PL Encashment  |            |  |
| 4. Other Term Benefits (DRF / Hsg. Loan Exgratia, etc.)   |            |  |
| <b>Total Terminal Benefits (A)</b>  |            |  |
| <b>Liabilities:</b>   |            |  |
| Details of loans taken from Bank and/or other Financial Institutions with the prior approval of the Bank: |            |  |
| (i)   |            |  |
| (ii)  |            |  |
| (iii)   |            |  |
| <b>Total Liabilities (B)</b>  |            |  |
| <b>Gross Terminal Benefits (A-B) (C)</b>  |            |  |
| <b>Investments:</b>   |            |  |
| (i) Deposits  |            |  |
| (ii) NSCs   |            |  |
| (iii) PPF   |            |  |
| (iv) LIC & other Life Insurance Policies including Postal Life Insurance                                  |            |  |
| (v) Others  |            |  |
| <b>Total Investments (D)</b>  |            |  |
| <b>Net Terminal Benefits (C+D) (E)</b>  |            |  |
| <b>Details of movable property</b>  |            |  |
| <b>Details of immovable property</b>  |            |  |
| <b>Monthly income of the family from all sources:</b>   |            |  |
| (i) Family Pension from Bank  |            |  |
| (ii) Family Pension from Defence  |            |  |
| (iii) Pension of dependents   |            |  |
| (iv) Monthly income from investments mentioned above  |            |  |
| (v) Monthly interest on Terminal Benefits at max. Staff Rate  |            |  |
| (vi) Monthly income from movable & immovable property (on items mentioned above)                          |            |  |
| (vii) Monthly income of dependent family members.   |            |  |
| (viii) Any other monthly income.  |            |  |
| <b>Total monthly income of the family</b>   |            |  |

.3.

Details of the candidate applying for compassionate appointment in terms of the scheme are as under:

|      |   |  |
|------|---|--|
| 1    | Name  |  |
| 2    | Relationship with the missing employee  |  |
| 3(a) | Date of Birth   |  |
| 3(b) | Age on date of application  |  |
| 4    | Educational Qualifications  |  |
| 5    | Experience if any   |  |
| 6    | Whether any other dependent family member has been appointed on compassionate grounds, if yes provide details |  |
| 7    | Category (SC/ST/OBC/Gen.)   |  |

**(III) Details of all dependent family members of the missing employee:**

| S. No | Name | Relationship with the missing employee | Date of Birth | Qualification | Address | If earning, Source of Income, Name of Employer | Monthly Emoluments |
|-------|------|--|---------------|---------------|---------|--|--------------------|
| 1     | 2    | 3                                      | 4             | 5             | 6       | 7  | 8                  |
|       |      |  |               |               |         |  |                    |
|       |      |  |               |               |         |  |                    |
|       |      |  |               |               |         |  |                    |
|       |      |  |               |               |         |  |                    |
|       |      |  |               |               |         |  |                    |
|       |      |  |               |               |         |  |                    |
|       |      |  |               |               |         |  |                    |

**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 also declare that I shall maintain properly the other family members who were dependent on the missing employee mentioned against 1 of Part-A(iii) 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 :

Shri/Smt/Kum \_\_\_\_\_ is known to me and the facts mentioned by him/her are correct and verified by me.

Date:

Signature of witness\*

Name :

Address:

**\*either any employee in the Senior level of Bank or Gazetted rank official from State/Central Government.**



**UNION BANK OF INDIA**

**PART-B**

**(TO BE FILLED IN BY REGIONAL OFFICE)**

**I Details of the candidate for compassionate appointment:**

|       |  |  |
|-------|--|--|
| 1     | Name   |  |
| 2     | Relationship with the deceased employee/ employee voluntarily retired on medical grounds/missing employee                |  |
| 3 (a) | Date of Birth  |  |
| 3(b)  | Age on date of application   |  |
| 4     | Educational Qualifications   |  |
| 5     | Experience if any  |  |
| 6     | Whether any other dependent family member has been appointed on compassionate grounds, if yes provide details            |  |
| 7     | Category (SC/ST/OBC/Gen.)  |  |
| 8     | Post for which employment is proposed  |  |
| 9     | Whether there is vacancy in that post within the Ceiling of 5% prescribed under the scheme of compassionate appointment. |  |
| 10    | Whether the candidate fulfils the requirements of the Recruitment Rules for the post.                                    |  |
| 11    | Apart from waiver of recruitment 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. Recommendations of the Regional Head/Field General Manager:

\_\_\_\_\_  
(Signature and office stamp/seal)