**SOUTHERN POWER DISTRIBUTION COMPANY OF TELANGANA LTD.**

 **(A Govt. of Telangana Undertaking)**

**H No.: 6-1-50, Mint Compound, Gr. Hyderabad - 63 Ph.: 2343 1375**

**CIN U40109TG2000SGCO34116, website: www.tssouthernpower.com**

**CHECK-LIST FOR APPOINTMENT UNDER COMPASSIONATE GROUND(ARTISANS)**

**1.**Application for job from : YES / NO

 dependent (with date & signature

 along with endorsement)

2.Death Certificate : YES / NO

3.Family Members Certificate : YES / NO

4. LPC & No Due Certificate from : YES / NO

 the concerned Drawing Officer

5.Educational Qualification ; YES / NO

 Certificates

6.Genunity of the Study : YES / NO

 Certificate from the concerned

 Institutions

7.Date of Birth/ Age Certificate : YES / NO

8. Community Certificate : YES / NO

 (BC/ SC/ST)

9. I to VII class Bonafide/ T.C : YES / NO

10. Residence Certificate for less

 than 4 years immediately : YES / NO

 preceding the date of application

 (In case of No Study only

11. Identification Certificate & : YES / NO

 Specimen Signature

12.Affidavity – For Responsibility of

 Family (Rs.100/- Non -Judicial : YES / NO

 Stamp paper)

13.Affidavity – for Surname change

 (Before Marriage and after : YES / NO

 Marriage in case of Wife’s (Rs.

 100/- Non-Judicial stamp paper)

14.Un-Employeed Declaration : YES / NO

15. No earning members certificate

 Obtained from Tahasildar / MRO : YES / NO

16.Affidavit – No Objection of family

 Members for providing employment : YES / NO

 (Rs. 100/ - Non- Judicial stamp paper)

17. Affidavit – For Return of Ex- Gratia : YES / NO

 (Rs. 100/ - Non- Judicial stamp paper)

18. Address Proof of the applicant : YES / NO

19.PH Sadarem Certificate : YES / NO

**APPLICATION FOR JOB UNDER THE SCHEME OF EMPLOYMENT OF ONE**

**DEPENDENT OF ARTISAN DIED IN SERVICE**

1 i) Surname in lull of the Applicant :

 ii) Name of Applicant (for job under Scheme of :

 compassionate Appointments (in Block Letters)

2.Relationship of Applicant to the Artisan

3.Date of Birth of Applicant (in Christian Era) :

 (attested copy of certificate in proof

 should be enclosed).

4. i) Caste ( SC/ST/BC (A,B,C,D E) -OC :

 ii) Sub- Caste :

 (Certificate obtained from Revenue Officer of

 the rank of not lower than MRO Should enclosed

5. i) Whether the applicant is Physically : YES/ NO

 Challenged

 ii) If Yes indicate disability type (OH, HH, VH) :

 iii) Percentage of Disability :

 (Sadarern Certificate to be enclosed)

6. Educational qualifications :

 of the Applicant (attested copies of all the

 certificates should be enclosed).

7 a) Name of the Artisan of whom the :

 Applicant is/was dependent.

 b) If the Artisan died in service state date of :

 death and cause of death and enclose

 death certificate.

 c) Date of birth of Artisan :

 d) Grade & Post held by the Artisan at the time :

 of death or retirement and office /division/

 circle/ in which he last worked.

 e) Members of the family of Artisan (Family :

 members Certificate obtained from revenue

 officer not lower in Rank than that of

 Tahasildar should he enclosed.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SLNO | Name | Gender | Date of Birth & Age | Married or not | Occupation | Relationship to the Artisan |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

8.Details of the earning members of :

 the family of Artisan.

|  |  |  |  |
| --- | --- | --- | --- |
| SLNo | Name & Residential Address | Monthly Income | If employed give details office/Company/with full address for verification |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

9. State the reasons for seeking job :

 Under the scheme

10. Is applicant prepared to work at : YES / NO

 any place in TSSPDCL.

11. If a son or daughter seeks job state :

 whether NBC of his mother/father/

 Other family members

 is enclosed to this Application.

12. Date on which the applicant :

 Submitted the application seeking

 the job.

 I hereby declare that the information furnished above by me is true and correct

to the best of my knowledge.

Station:

Date: SIGNATURE OF APPLICANT

NOTE:

1) The application should be submitted within one year from the date of death

 of the Artisan.

 2)The application should be submitted to the competent authority through the

 class II officer under whom the Artisan last worked.

 3)The application will be considered if a suitable vacancy exists.

 4)Application without copies of relevant certificate required to be furnished will

 not be considered.

Endt.No………………………………………………………………………………

Recommendations:

**PARTICULARS FOR PROVIDING OF EMPLOYMENT TO THE DEPENDENT**

**OF DECEASED ARTISAN**

Affix latest passport size photo attested by concerned officer

1.Name of the deceased Artisan :

2.ID.NO :

3.Date of Birth of Artisan :

4.Date of entry into service as Artisan :

5.Artisan Grade :

6. Nature of duties performed :

7. Place of working of the Artisan at :

 the time of Death (Section/Office)

8.Name of the division :

9.Name of the Circle :

10. Date of Death of Artisan :

11. Cause of death (enclose death certificate) :

 12.whether any ex-gratin amount paid to the :

 dependents of deceased artisan,

 if so details of amount received

 (enclose sanction copy)

13.Regular/Temporary :

14.Whether the spouse/any of Dependent of :

 the deceased is a Govt Pvt. employee or

 otherwise

15.Whether 'No Earning member Certificate :

 Is enclosed.

16.Particulars of dependents i.e., :

Son/daughter/spouse (if the deceased

Artisan married second wife and for

Whom appointment is sought for all the

Details should be fished.

Contd2

 :: 2 ::

17.Whether all other family members have :

 Given NOC to provide the job to the applicant.

18 Belonging to OC/BC/SC/ST, :

 Specify with sub-caste.

19.If daughter seeking employment(married/widowed) :

 (certificate from RDO that she has not inherited

 any property through her husband and that she is

 solely dependent on her parents to be furnished)

20.Date of Birth Age & qualification of the :

 dependent applicant as on the date of

 death of the deceased.

21.Relationship of the dependent with Reference :

 to legal heir/ Family Members certificate.

22.Date on which dependent applied for job :

 After the date of death of the Artisan & date

 of receipt of application.

23.If any of the dependents are earning :

 Members state whether they are separated

 from the Family, if so. Furnish details.

24.Whether the applicant has submitted all :

 the required information in full 86

 countersigned by the controlling officer.

25.Whether the recommending authority :

 conducted personal enquiry into the

 particulars furnished by the applicant if

 Yes, please furnish copy of the enquiry

 report.

26. Remarks and recommendations to the SE. :

**IDENTIFICATION CERTIFICATE AND SPECIMEN SIGNATURE FORMAT**

This is to certify that the below affixed photo pertains to

Sri/Smt/ Kum \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of the applicant)

S/o./D/o.W/o. Late.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Artisan Grade\_\_\_\_\_\_\_.

Affix latest

passport size

photo attested by

concerned officer

1.

(Signature of the applicant)

2

(Signature of the applicant)

3.

(Signature of the applicant)

 SIGNATURE OF THE SE

**UN-EMPLOYMENT CERTIFICATE**

I Sri/ Smt /Kum\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_S/o./D/o./W/o.

Late \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Artisan Grade: \_\_\_\_\_\_\_\_\_hereby declare

that in am not working in any government/private/ public sectors/Quasi

Government offices/undertaking and I am unemployed.

(Signature of the applicant)

Hence this is certified.

SIGNATURE OF THE SE

**NO OBJECTION AFFIDAVIT FOR PROVIDING EMPLOYMENT**

We, the Family members (given below) of the deceased Artisan

Late Sri / Smt \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade:\_\_\_\_\_\_ expired on

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ take oath and state that we have no objection to provide

Job to one of the family member Sri/Smt/Kum \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

|  |  |  |  |
| --- | --- | --- | --- |
| Sl.No | Name | Relationship to the Artisan |  Signature |
|  1 | 2 | 3 | 4 |
|  |  |  |  |
|  |  |  |  |

SIGNATURE OF THE SE

**Affidavit for Return of Ex-Gratia**

I.Sri /Smt /Kum\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D/o./S/o./W/o.

Late\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Artisan Grade: \_\_\_\_\_\_\_\_\_\_\_\_ expired on

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_due to Electrical accident while working as

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the O/o

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received an amount of Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rupees

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ only) towards Ex-Gratia which was sanctioned

Vide Memo. No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I hereby given an undertaking to return the above Ex-Gratia amount received for providing employment to me.

 (Signature)

SIGNATURE OF THE SE

**Affidavit for Responsibility of Family**

Having considered my case for appointment in the Board under the compassionate scheme as per the rules in TSSPDCL I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_aged \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years, resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ H.No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ take oath and state as

Follows:

1. That I am not re- married after the demise of my husband (in case of wife's of the. deceased employee only).
2. That there are no earning members in my family and I am the spouse /son of Late\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who worked as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the service of TSSPDCL and died on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
3. That the family of Late. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_consists of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Members whose details are furnished below:

 Name Relationship Age Sex Occupation

1. That I am responsible for maintenance of said family after the death my father of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. That in the event of my inability to maintain the family for any reason I hereby give my consent for the termination of my service in the Board without notice.

DEPONENT

Sworn and signed before me

on this the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AFFIDAVIT FOR SURNAME CHANGE**

I, Smt./Sri\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, W/o./D/o./S/o.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

aged about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

resident of H.No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

take oath and state as.

Follows:

 It is to submit that, my name as per educational certificate and before marriage my surname is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 In the year, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I got married with Mr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

There onwards, my surname has changed from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (before marriage surname) to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (after marriage surname).

 The both surnames \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (before marriage surname) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (after marriage surname) both belongs to me.

Please consider my case for compassionate appointment.

If my affidavit and its contents are found to be incorrect or bogus at a later date and I am fully liable for any action as per rules in Vogue.