



यूको बैंक UCO BANK

प्रधान कार्यालय, कार्मिक सेवा विभाग

Head Office, Personnel Services Department

Circular No. CHO/PMG/ **34** /2019-20

Date: 27.12.2019

ALL BRANCHES / OFFICES IN INDIAN UNION.

Sub: Checklist for Compassionate appointment/Ex-gratia in lieu of Compassionate Appointment - Modified Application Form and List of Documents to be submitted.

Department has been receiving applications for Compassionate appointment/payment of Ex-gratia in lieu of Compassionate appointment in response to Head Office Circular No. CHO/PMG/23/2014-15 dated 29/09/2014 and CHO/PMG/33/2016-17 dated 16/12/2016.

It has been observed that in quite a good number of cases, applications have been received but could not be disposed off in time because of non-submission of required papers/documents by the applicants. Common reasons for delay in disposal of such cases are as under:

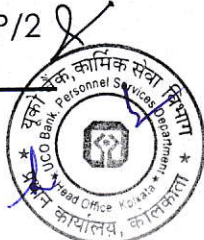
1. Incomplete application without filling up all particulars submitted.
2. Documents not verified properly by the branch/ZO officials. All the copies of required documents/papers should be verified with the original putting **signature, name, EMP No. and official stamp of the verifying official.** **Without proper verification, no document will be accepted for further processing.**
3. Date not mentioned in application/representations/certificates/other documents.
4. Witness should be an employee in the senior level officer of the Bank or Gazetted rank official from State/Central Government.
5. Part-B of the application should be recommended by Branch Head, Dy. Zonal Head/in-charge of HRM Dept, Zonal Office and Zonal Head. For the employees posted in Head Office, it should be recommended by Head of the Department, where he/she was posted.
6. Any certificate/documents written in Regional language should be translated in Hindi/English and it should be attested by Notary Public.
7. Affidavits viz. Letter of Relinquishment, Undertaking cum Declaration of the applicant etc. should be properly made and executed on **Non-Judicial Stamp Paper of requisite value affirmed before a Metropolitan / 1st Class Magistrate or a Notary Public.**

Contd.....P/2

कार्मिक सेवा विभाग, प्रधान कार्यालय-II, डीडी-3&4, सेक्टर-I, साल्ट लेक, कोलकाता - 700064
Personnel Services Deptt., Head Office-II, DD 3&4, Sector-I, Salt Lake Kolkata-700064,

फोन 033- 44559213/9230/9258 फैक्स 033-44559444

ईमेल-e-mail: hopad.calcutta@ucobank.co.in; ho.esw@ucobank.co.in




In order to make the process simpler, all concerned are requested to be guided by the following:

1. Go through the list of common reasons for delay in disposal of applications as mentioned above and take suitable steps to avoid such things.
2. A checklist of documents/papers to be submitted along with the application for appointment on compassionate grounds or payment of ex-gratia amount in lieu of compassionate appointment is enclosed (**Annexure-I**). Please submit papers/documents strictly as per the checklist.
3. The department has designed a new format of the application form for this purpose for quick and smooth disposal of such cases. The newly designed application form (Part-A and Part-B) is enclosed as **Annexure-II**.
4. A Format of Undertaking cum Declaration (Affidavit) to be submitted by the applicant, is enclosed as **Annexure-III**.
5. A Format of Letter of Relinquishment to be submitted by other dependent family members is enclosed as **Annexure-IVA/Annexure-IVB**.
6. Any queries issued by the Personnel Services Department, Head Office, asking some information/required documents should be replied immediately and should not be kept pending for more than 90 days. Otherwise, the matter will be treated as **Returned and Closed**.

All the Branches/Offices are advised to submit application for compassionate appointment or for payment of ex-gratia amount in the newly designed format only duly recommended by Branch Head, Dy. Zonal Head/In-charge of HRM Department, Zonal Office and Zonal Head/Head of the Department at Head Office.

Copy of this Circular should be brought to the notice of all staff members of branches/Offices and also be prominently displayed on the Notice Board for information of all concerned.


(नरेश कुमार Naresh Kumar)
महाप्रबंधक General Manager
HRM, Training, PSD & OL

CC: As stated



Annexure-I

SL No.	Required Documents
1	Copy of death certificate;
2	Legal Heir Certificate issued by the Civic Authority;
3	Age Proof of the applicant;
4	Educational Proof of the applicant;
5	Copy of Family Declaration Form (STF-12A) submitted by the deceased employee, duly verified at branch/Zonal Office level;
6	Last drawn Notional Salary of the deceased employee;
7	Form-16 issued in favour of the deceased employee in the last financial year;
8	Income, Date of Birth, Marital status and educational qualification of all the family members (in the form of an affidavit executed on Non-Judicial Stamp Paper of requisite value affirmed before a Metropolitan /1st Class Magistrate or a Notary Public);
9	Letter of Relinquishment from other claimant(s) (in the form of an affidavit executed on Non-Judicial Stamp Paper of requisite value affirmed before a Metropolitan /1st Class Magistrate or a Notary Public);
10	Declaration by the applicant that he/she will look after the dependent(s) of the deceased employee (in the form of an affidavit executed on Non-Judicial Stamp Paper of requisite value affirmed before a Metropolitan /1st Class Magistrate or a Notary Public);
11	Caste certificate, if any, (duly verified with the original);
12	Specific reason for which widow has not applied for appointment with supporting document(s);
13	Nomination by widow (when widow is not applicant);
14	KYC of the applicant;



PART – A

**PROFORMA APPLICATION REGARDING APPOINTMENT ON COMPASSIONATE
GROUNDS OF BANK EMPLOYEE DYING WHILE IN SERVICE / RETIRED ON MEDICAL
GROUNDS DUE TO INCAPACITATION BEFORE REACHING THE AGE OF 55 YEARS
OR PAYEMENT OF LUMP-SUM/EX-GRATIA AMOUNT IN LIEU OF COMPASSIONATE
APPOINTMENT**

(Please strikethrough whichever is not applicable)

Photograph of
the applicant

A) Information about the Employee (Deceased/Retired on medical grounds):

1	Name of the Employee (deceased/retired on medical grounds):	
2	EMP No.	
3	Branch/Office last served:	
4	Designation:	
5	Date of Birth:	
6	Date of Joining:	
7	Date of death/retirement on medical grounds:	
8	Total Length of service rendered:	____ years ____ months ____ days
9	Whether permanent or temporary:	
10	Marital Status:	
11	Unauthorized absence, if any	
12	Whether PF/Pension optee:	
13	No. of Dependents:	

B) Bio-data of the candidate for appointment:

1	Name of the candidate for appointment:	
2	His/her relationship with the deceased/retired on medical grounds:	
3	Address:	
4	Date of Birth:	
5	Whether belonging to SC/ST/OBC:	
6	Educational Qualification:	
7	Post applied for	
8	Marital status:	
9	Whether any other dependent family member has been appointed on Compassionate grounds or paid Ex-gratia in lieu of compassionate appointment:	

C) Particulars of family income / total assets left by the deceased employee or employee retired on medical grounds :

Sl. No.	Particulars	Amount (Rs.)
1	Monthly Family Pension:	
2	Gratuity:	
3	Provident Fund / NPS amount received by the legal heirs:	
4	Amount received/receivable from Life Insurance policies (including postal life insurance)	
5	Group Insurance (GSLI) amount received, if any:	
6	Leave Encashment Amount:	
7	NSC/KVP/IVP/MIS/PPF:	
8	Share/Deposit amount received from co-operative credit society, if any:	
9	Any other amount paid under Bank's Scheme(s):	
10	Any other Deposits/Investments, if any	
11	Details of movable/immovable properties and annual income earned therefrom by the family:	
12	Any other assets (please specify):	

D) Particulars of liabilities of the employee as on date of death / date of retirement on medical grounds :

Type of Loan	Branch with SOL Id	A/C No.	Outstanding balance (Rs.)
Staff House Building Loan:			
UCO Home Loan:			
Staff OD:			
Vehicle Loan:			
Provident fund Loan:			
Festival Advance:			
Loan from any Co-Operative Credit Society:			
Loans taken from other financial institutions with prior approval of the Bank:			
Any other Loan(s) availed by the deceased employee (please specify):			

E) Particulars of all dependent family members of the deceased / retired on medical grounds :

Sl. No.	Name of Dependents	Relation	Age	Address	Employed (Yes/No)	If yes, give details of employment	Monthly Income (Rs.)	Marital Status	Educational qualification

F) 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 (in case of compassionate appointment) / I agree to refund the Ex-gratia amount with interest at Bank's lending rate (in case of Ex-gratia payment).
2. I hereby also declare that I shall maintain properly the other family members who were dependent on the deceased employee mentioned against (A)(1) 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 (in case of compassionate appointment) / Ex-gratia amount may be recovered from me with interest at Bank's lending rate.

Date: _____

Place: _____

(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: _____

Place: _____

(Signature of witness*)

Name: _____

Address: _____

(*Either any employee in the senior level of Bank or Gazetted rank official from State/Central Government.)

PART – B**(TO BE FILLED IN BY BRANCH/ZONAL OFFICE)**

I(a)	Name of the candidate for appointment or to whom payment of ex-gratia in lieu of compassionate appointment is to be paid:	
(b)	His/her relationship with the deceased / retired employee:	
(c)	Age (date of birth), educational qualifications and experience, if any:	
(d)	Post for which employment is proposed:	
(e)	Whether there is vacancy in that post within the ceiling of 5% prescribed under the scheme of compassionate appointment:	
(f)	Whether the candidate fulfills the requirements of the Recruitment Rules for the post:	
(g)	Apart from wavier 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	Whether any Vigilance / non-vigilance case was pending / contemplated against the deceased employee at the time of death or he was involved in serious financial irregularities, embezzlement of funds, committing frauds etc.	
IV	Personal Recommendation of the Competent Authority:	

We have scrutinized the claim papers submitted by Mr./Ms. _____ and confirm that the claim is in order as per provisions of the UCO Bank's scheme for Compassionate Appointment / Payment of lump-sum / Ex-gratia amount.

We further certify that the above information is correct and duly verified as per Bank's record and as per applicant's declaration with supporting relevant documents.

We, therefore, recommend that Mr./Ms. _____ may be appointed in Clerical / Sub-ordinate cadre as per the scheme for appointment on compassionate grounds / payment of ex-gratia (lump-sum) amount in lieu of compassionate appointment.

(Signature with Seal)	(Signature with Seal)	(Signature with Seal)
Branch Head	Dy. Zonal Head / In-charge of HRM Department, Zonal Office	Zonal Manager / Head of the Department at Head Office
EMP No.	EMP No.	EMP No.
Date:	Date:	Date:
Branch:	Zonal Office:	

AFFIDAVIT (TO BE NOTARIZED)
(STAMP TO BE AFFIXED AS APPLICABLE)

I, _____ spouse/son/
 daughter/brother/sister of _____ aged about
 _____ residing at _____ do hereby
 solemnly affirm, undertake and declare as follows:

1. THAT, I am the spouse/wholly dependent son (or legally adopted and wholly dependent son)/ wholly dependent daughter (or legally adopted and wholly dependent daughter)/wholly dependent brother or wholly dependent sister of _____ since deceased.
2. THAT I am currently married/unmarried/have never been married or was divorced / widowed on _____ and have never been remarried/have married since thereafter.
3. THAT Late _____ was an employee of UCO Bank (Specify the Office/Branch where he/she was attached) and died on _____ at _____.
4. THAT I declare that the information furnished by me in the enclosed application for Compassionate Appointment in Bank/payment of Ex-gratia lumpsum and/or any other document/information submitted by me in this regard, more particularly in respect of my marital status, age, qualification, income etc., size of the family of the deceased and occupation of each member besides income and liabilities from the estate of Late _____ are true and correct and nothing has been concealed by me. I declare that the present income of the family of Late _____ is Rs. _____ (specify in figures and words) per month.
5. THAT I undertake that **after getting appointment in the Bank under the Compassionate Appointment Scheme/after receiving Ex-gratia lump sum amount,** I shall maintain properly the other family members who were dependent on the _____ (name of deceased employee or the employee retired on medical grounds, as the case may be) and in case, it is proved subsequently (at any time) that such family members *including the employee retired on medical grounds (wherever applicable)*, are being neglected and/or are not maintained properly by me then, my appointment in the Bank under Bank's Compassionate Appointment Scheme shall be terminated forthwith/ex-gratia lump sum amount so received by me under the said Scheme shall be recovered from me by the Bank.
6. ******THAT I declare that I am the spouse/widow or divorced wife (not remarried)/ unmarried sister/unmarried daughter of _____ (name of the deceased employee or employee retired on medical grounds, as the case may be), and I further declare and undertake that **after getting appointment in the Bank under the Compassionate Appointment Scheme/after receiving Ex-gratia lump sum amount,** I shall properly maintain all the dependent family members of deceased employee/medically retired employee *including the employee retired on medical grounds (wherever applicable)* **even after my remarriage/marriage, (as the case may be)** and breach of such undertaking by me at any point of time shall result in

7. I further declare and undertake that if, any information furnished by me in connection with my claim for compassionate appointment in the Bank/payment of Ex-gratia lump sum, is subsequently found to be incorrect and/or false or if any material and/or relevant information is suppressed, misrepresented or not disclosed by me to the Bank in this respect though required so then, the Bank shall be at liberty and within its right to proceed against me for intentionally giving wrong information and/or suppressing any material information by way of termination of my service in the Bank/recovery of Ex-gratia amount so received by me apart from initiation of penal action against me as per law.
8. I also undertake and agree to repay the outstanding liabilities of Late _____ remaining due and payable to the Bank by him/her if the same is not liquidated out of his/her Provident Fund, Gratuity and any other retiral benefits payable to him/her by the Bank.
9. THAT the statements contained in the foregoing paragraphs are true to my knowledge, information and belief and nothing has been concealed or suppressed by me.

DEPONENT

*****In addition to para 5 above, declaration and undertaking as per para 6 is mandatory to be made by female dependent of deceased employees, wherever applicable.***

LETTER OF RELINQUISHMENT TO BE SUBMITTED INCASE OF CLAIMS FOR COMPASSIONATE APPOINTMENT

(To be stamped as an Affidavit)

**The Assistant General Manager
Personnel Services Department
UCO Bank, Head Office-II
Salt Lake Kolkata – 700064**

Dear Sir,

Reg: **Appointment on compassionate ground to dependent family member of -----**
----- (Name of deceased) Emp no.-----

With reference to the above, I/We ----- (name) -----
--(Relationship), of Late Shri/Smt.----- (Insert the name of deceased)
have to state that I/We am/are not interested in the matter of compassionate
appointment to be offered by UCO Bank to Shri/Smt./Kum ----- and
as such I/We have no objection in giving compassionate appointment by the UCO Bank
to Shri/Smt./ Kum----- spouse/son/daughter/brother/sister of Late ----
----- (insert name of the deceased). Such appointment would be completely
binding on me/us and I/We will not question the action of the UCO Bank in so doing in
any proceedings. I/We also undertake to bind myself/ourselves, my/our legal
representatives not to revoke the declarations made therein.

Sr. No	Name of Claimant	Age	Signature
1			
2			
3			
4			

Signed before me thisday of20.....

Notary public/Magistrate/Judge (with seal)

(Note: Letter of relinquishment is to be executed by the legal heirs, who relinquish their claim in the matter of appointment in favour of one of the legal heirs. Please note that only one letter of relinquishment is to be signed by all the legal heirs except the heirs except the heir in whose favour the letter of relinquishment is given. It will be stamped as an affidavit.)

**LETTER OF RELINQUISHMENT TO BE SUBMITTED INCASE OF CLAIMS FOR PAYMENT OF EX-GRATIA
IN LIEU OF COMPASSIONATE APPOINTMENT**
(To be stamped as an Affidavit)

**The Assistant General Manager
Personnel Services Department
UCO Bank, Head Office-II
Salt Lake Kolkata – 700064**

Dear Sir,

Reg: **Payment of Ex-Gratia Lump-sum amount in lieu of appointment on compassionate ground in the name -----(Name of deceased) Emp no.-----**

With reference to the above, I/We -----(name)-----
--(Relationship), of Late Shri/Smt.----- (Insert the name of deceased)
have to state that I/We have no interest in the amount of ex-gratia lump-sum as would be considered payable to Shri/Smt./Kum ----- by UCO Bank as per its Scheme for payment of ex-gratia lump-sum in lieu of compassionate appointment and as such, I/We have not no objection in paying the ex-gratia lump-sum amount by UCO Bank to Shri/Smt./ Kum-----spouse/son/daughter/brother/sister of Late ----- (insert name of the deceased). Such payment of Ex-gratia lump-sum amount would be completely binding on me/us and I/We will not question the action of the UCO Bank in so doing in any proceedings. I/We also undertake to bind myself/ourselves, my/our legal representatives not to revoke the declarations made therein.

Sr. No	Name of Claimant	Age	Signature
1			
2			
3			
4			

Signed before me thisday of,20.....

Notary public/Magistrate/Judge (with seal)

(Note: Letter of relinquishment is to be executed by the legal heirs, who relinquish their claim in the matter of appointment in favour of one of the legal heirs. Please note that only one letter of relinquishment is to be signed by all the legal heirs except the heirs except the heir in whose favour the letter of relinquishment is given. It will be stamped as an affidavit.)