

क्षेत्रीय आयुर्विज्ञान संस्थान, इंपालः मणिपुर
REGIONAL INSTITUTE OF MEDICAL SCIENCES, IMPHAL, MANIPUR
(स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार के अंतर्गत एक स्वायत्त संस्थान)
(An Autonomous Institute under the Ministry of Health & Family Welfare, Govt. of India)

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NOTICE

Imphal, the 06-02-2025

No.B/3077/2017-RIMS: Regional Institute of Medical Sciences, Imphal, invites the family members of employees, who had already applied for Compassionate Appointment, to collect the requisite proforma issued by DoPT vide O.M. No. 14014/02/2012-Estt.(D) dated 16-01-2013 from the Receipt/Issues Section of RIMS, A-Block, Imphal, and submit the duly filled in proforma along with the original Certificate/Testimonials for verification at Jubilee Hall, RIMS, Imphal, (between 10 a.m. to 1:00 p.m.) from 1st to 7th March, 2025, for scrutiny/consideration by competent authority for Compassionate appointment..

2. The family members may also download the said proforma from the RIMS website and those who are unable to report physically, they may submit the documents at the Institute's email : rims@rims.edu.in. within the stipulated time.

3. This issues with the approval of the Director, RIMS, Imphal.


06/02/25
(R.K. Mecon Singh)
Deputy Director (Admn.)
RIMS, Imphal.

Copy to:

1. P.S. to Director, RIMS, Imphal, (for kind information).
2. The Medical Superintendent, RIMS Hospital, Imphal.
3. P.S. to Deputy Director, RIMS, Imphal.
4. The section Officer, RIMS, Imphal.
5. The System Administrator, RIMS, Imphal – *for uploading the above notice in RIMS website.*
6. The Media Advisor, RIMS, Imphal.
7. Order Book.

PERSONAL DETAILS

Name as mention in application (in block letter) :

.....

Date of Birth :

Date of application (Enclosed Xerox copy) :

Name of the Government servant :
(Deceased/ retired on medical ground)

.....

Designation :

Permanent Address :

.....

Temporary Address :

.....

Mobile Number :

Email address :

(Signature of the applicant)

**PROFORMA REGARDING EMPLOYMENT OF DEPENDENTS OF GOVERNMENT
SERVANTS DYING WHILE IN SERVICE/RETIRED ON INVALID PENSION PART-A**

DoP&T's O.M. No. 14014/02/2012-Estt.(D) dated 16.01.2013

- I. (a) Name of the Government servant :
- (Deceased/retired on medical ground)
- (b) Designation of the Government servant :
- (c) Whether it is MTS (erstwhile Group 'D') or not? :
- (d) Date of Birth of the Government Servant :
- (e) Date of death/retirement on medical grounds :
- (f) Total length of Service rendered :
- (g) Whether permanent or temporary :
- (h) Whether belonging to SC/ST/OBC :
- II. (a) Name of the candidate for appointment :
- (b) His/Her relationship with the Government Servant :
- (c) Date of Birth :
- (d) Educational Qualifications :
- (e) Whether any other dependent family member has been appointed on
Compassionate grounds :
- III. Particulars of total assets left including amount of
- (a) Family Pension :
- (b) D.C.R. Gratuity :
- (c) G.P.F. Balance :
- (d) Life Insurance Policies (including Postal Life Insurance) :
- (e) Moveable and Immovable properties &
annual income earned therefrom by the family. :
- (f) C.G.E. Insurance amount :
- (g) Encashment of leave :
- (h) Any other assets :
- Total** :

IV. Brief particular of liabilities, if any. :

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

Sl.No.	Names(s)	Relationship with Govt. Servant	Age	Address	Employed or not if employed particulars of employment and emoluments

VI. 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 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.

Date:

Signature of the Candidate

Name

Address

Mobile No

Email ID

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

Date:

Signature of permanent Government servant.

Name

Designation

Address:

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

Date:

Signature of permanent Government servant.

Name

Designation

Address:

Name of the applicant (in block letter) :

Name of the Government servant :
(Deceased/ retired on medical ground)

Designation of the Government servant :

1.) Basic family pension/pension/monthly amount received under NPS :

2.) Terminal benefits (CGEGIS, Gratuity & leave Encashment) :

3.) Monthly income of dependent members of family and/ or income from property :

4.) Immovable/movable property including fixed deposit/ bank deposits/investments/personal life insurance
etc. (excluding the amount as mentioned in Sl. 1, 2 & 3 above) :

5.) No. of dependent(s) :

6.) No. of unmarried Daughter(s) :

7.) No. of minor Children of deceased Government servants OR dependent sister(s)/ brother(s) of
unmarried Government servant :

8.) Remaining (left over) :

9.) Physically/ Mentally Challenged and chronic disease Case :

10.) Liabilities i.e. bank loan, borrowings etc. :

11.) Whether the claimant is a widow :

N.B. : All necessary document should be attached along with ANNEXURE C.

Date/ place :

Signature of application