

**APPLICATION FOR EMPLOYMENT AGAINST DECEASED EMPLOYEES WHO
HAS DIED IN SERVICE ON OR AFTER 1.1.83 IN TERMS OF CHAPTER-IX OF
NATIONAL COAL WAGE AGREEMENT VI-CL-9.5.0(9.3.2/9.3.4).**

PART - I

NAME OF THE AREA : NCL HQTR.SINGRAULI.

A- PARTICULARS OF THE DECEASED:

- 1. Name (In block letters) :
- 2. Home address : Village :
- P.O :
- PS :
- Distt. :
- State :

- 3 Name of Unit/Place of work :
- 4 Date of Appointment :
- 5 Date of death :
- 6 Place of death :

(In case he died in the colliery, a certificate of Medical Officer certifying death should be enclosed. In other cases i.e. if death has been outside colliery a certificate of Gram Mukhiya duly attested by B.D.O may be enclosed).

- 7. C.M.P.F.A/c No. :
- 8. Nominee Under CMPF/Gratuity. :
- 9. Designation :
- 10. Employee No. :
- 11. Last date of work in; the colliery :
- 12. Date of birth of the deceased employee :

PART - II

B. PARTICULARS OF THE DEPENDENT APPLYING FOR JOB :

- 1. Name (in block letter)
- 2. Date of birth/age.
- 3. Mark of Identification
- 4. Address(Permanent) :Village
- P.S
- State.
- (Present)
- 5. Relation of applicant with the deceased
- 6. Educational qualification
- 7. Previous experience,if any
- (Including salary being drawn)

8. Details of the surviving members of the deceased(This includes son,widow) if the details of the surviving members are known to the local management the same may be filled up and duly certified by the Colliery Official,otherwise, a certificate from Gram Mukhiya duly attested by B.D.O. should be insisted for & attached).

Sl No.	Name	Age	Relationship with the deceased	Whether employed if so details	Salary wages being drawn
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I,Smt. hereby declare that the above information given in respect of Late(deceased employee) and also in respect of the surviving members including myself is absolutely correct and if any part of the information is found to be incorrect at any time the Management of NCL will be at liberty to terminate my service summarily.

I also hereby certify that I have not appeared in any of the interviews conducted by the Management in connection with employment to dependent of deceased employees in terms of para 10.4.2 of NCWA-III . If this statement is proved to be wrong , the Management is liable to take any action that if considered fit.

SIGNATURE/LT/RTI OF THE APPLICANT

DATED :

Witness -

1.

Signature obtained in my presence

2.

Designation :

Place of work :

Date :

FOR THE USE OF CHIEF GENERAL MANAGER/HEAD OF THE DEPARTMENT

I Design. have gone through the information given by the candidate is the first part of this form. After having gone through the relevant records/form confirm the following :

1. That the employee was in employment for years the last date on which the deceased employee worked is
2. Records revealed that the employee is absenting from duty w.e.f..... to on account of (mention causes of his absence). If the reasons are not known and disciplinary action is taken against such employee fit unauthorised absences, a brief recital of the case should be given on this subject in a typed manner as enclosure.
3. He is absenting from duty without information to his office w.e.f His cause of absence is not known to the unit.
4. It has been verified records and found that following member of the deceased are surviving :

Sl.No.	Name	Age	Relation	whether in service
1				
2				
3				
4				

5. We are satisfied about the certificate issued and about the gentry of the death(attested copy attached)
6. The information given at Sl.No. to in part I above are not correct (disclosed Sl.No. of part It is not know to us and there is no scope for local management to ascertain such information.
7. Certified that the cause of dependednt of deceased was never referred earlier.
8. Certified that the dependent of the deceased appeared for interview on and the case was rejected on the following grounds :
(..... (cause to be mention)
9. The dependeddnt of the deceased is given being advised to appear on the following ground.

General Manager
Office seal.

LWO or authorized person by
General Manage/head of Deptt.
to verify the documents and fill up
part II of the form(Office Seal)