

**FACT  
HR DEPARTMENT**

AGM(HR)S-HO- 165

12.02.2024

**RECRUITMENT NOTIFICATION NO. 05/2024**

**(Notification for Dependents of Employees who died while in service for Posts at Post Codes 16 to 17 in Recruitment Notification No.02/2024 dated 12.02.2024)**

1. Notification for recruitment to various posts in the Company, vide Recruitment Notification No. 2/2024 dated 12.02.2024 has been published in the newspaper and Company's website www.fact.co.in>> Careers>>Job Openings.
2. Applications are invited from dependants of, employees who were on permanent rolls of the Company who died while in service, for the posts of **Craftsman (Instrumentation) & Rigger Assistant at Post Codes 16 to 17** in the Notification No.02/2024, and conform to terms and conditions therein, subject to relaxation that the maximum age shall be 53 years (after all relaxations applicable to Age in Recruitment Notification No.02/2024), as on the "Relevant Date" mentioned in Clause (6) of Notification No. 02/2024. The requirement, if any, with regard to experience will be relaxed subject to suitability.
3. Widow of the deceased employee, sons and unmarried daughters will only be considered as dependents.
4. In case a dependent of a deceased employee is already employed or employed earlier in FACT, appointed either on compassionate grounds or otherwise, no other dependent of the deceased employee will be considered for appointment under this notification.
5. Eligible candidates shall appear for the online Computer Based Test (CBT) / Skill Test / Practical or any other Test forming part of the selection process for Post Codes 16 & 17 under Notification No 02/2024, as applicable. Selection / inclusion in the merit list will be subject to assessment through test(s) and based on considerations such as financial distress of the family, number of dependent family members, their age and employment position.
6. Eligible applicants under this Notification are exempted from payment of Application Fee prescribed in Notification No. 02/2024. If a candidate who has availed such exemption from application fee is later found to be not eligible for such exemption, his/her application against notification No 02/2024, if any, will be treated as one where no application fee has been remitted, and eligibility decided accordingly. Therefore all candidates shall ascertain their eligibility before availing the exemption.
7. Interested employees shall apply online against the Notification No. 02/2024 (**last date – 10.03.2024**) and the print out of the application so submitted, along with the format attached to this notification, shall be forwarded by **Registered Post** to "**Asst. General Manager (HR), HR Department, FEDO Building, Udyogamandal – 683501**, so as to reach **on or before 20.03.2024**. If the print out of the applications as mentioned above is not received within the said date, his/her candidature will be rejected.

Siju Jose T  
Asst. General Manager (HR)

(Hindi version follows)



**RECRUITMENT NOTIFICATION NO. 05/2024 DATED 12.02.2024**  
**(Form to be submitted along with printout of online application for posts at Post Codes 16 & 17 in Recruitment Notification No. 02/2024 by dependents of employees who died while in service)**

**Post Code Number in Notification No. 02/2024** : \_\_\_\_\_

**Post to which applied for** : \_\_\_\_\_

**Name of the Applicant** : \_\_\_\_\_

**Online Application Number** : \_\_\_\_\_

**Aadhaar Number** : \_\_\_\_\_

**Relationship of the applicant with the deceased employee** : Widow  Son  Unmarried Daughter

**GENERAL INFORMATION OF THE DECEASED EMPLOYEE**

Name of the deceased permanent employee of FACT	
Badge Number	
Designation	
Department & Division in FACT served by the employee at the time of death( <i>attach proof</i> )	
Date of joining & Total length of permanent service rendered in FACT by the deceased employee ( <i>in years</i> )	
Date of Birth of the deceased employee	
Date of death	
Was the occurrence of death due to an accident while on duty? If yes, mention the date of the accident	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Signature of the Applicant**



**A. PARTICULARS OF DEPENDENT FAMILY MEMBERS OF DECEASED EMPLOYEE:**

*(Dependents include Dependent parents, Spouse, and Children of the deceased employee)*

<b>S.No</b>	<b>Name of the dependent</b> <i>(including the applicant)</i>	<b>Relationship with the deceased employee</b>	<b>Date of Birth</b>	<b>Present Marital status</b> <i>(Single/Married)</i>	<b>Whether living together with the applicant</b> <i>(Yes/No)</i>	<b>Employed at the time of death</b> <i>(Yes/No)</i>	<b>Dependent's current status of employment</b>	<b>If currently employed, Name of the Organization</b>	<b>Present average monthly earnings</b> <i>(including all kinds of earnings)</i>

*(Note: Use additional sheets, if required)*

*Signature of the Applicant*

**B. PARTICULARS OF INCOME OF THE FAMILY OF THE DECEASED  
EMPLOYEE**

1. Pension (Monthly):
2. Monetary benefits received by the family on account of the death of the employee
  - a) Gratuity:
  - b) Provident Fund :
  - c) EDLI :
  - d) Life Insurance Policies:
  - e) Group Insurance:
  - f) Family Relief Fund:
  - g) Encashment of Leave:
  - h) Other benefits, if any:
3. Movable and immovable properties and the annual income earned therefrom by the Family (*for the proof of this, a Certificate from the Village Officer/Tahasildar should be attached*):
4. Any other source of income for the family  
Give details :
5. Brief particulars of liabilities,  
If any :

**C. OTHER PARTICULARS:**

1. Whether any dependents (including the widow/widower of the deceased :  Yes  No employee are presently employed/ employed earlier in FACT
2. If yes, details of employment :

Name	Badge No/ CT No	Designation	Department	Date of Joining



3. Whether the applicant is staying in own house :  
or rented house

4. Annual income of the applicant :  
(Income certificate to be submitted)

#### **DECLARATION**

- I hereby declare that all entries made by me in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false, incomplete, or misleading, my candidature/appointment will be liable to be canceled/terminated by the Authority without assigning any reason thereof.*
  
- I shall submit any further details/certificates as called for by the FACT Management.*

Place:

Date:

**SIGNATURE OF THE APPLICANT**