

**THE FERTILISERS AND CHEMICALS TRAVANCORE LTD,
UDYOGAMANDAL**

(Recruitment notification for dependents of employees who died while in service)

Applications are invited in the prescribed proforma from eligible candidates who are dependents of employees who died while in service of FACT, for the posts with Post Codes 17 to 23 mentioned in Notification No: 01/2020. Notification is available in the FACT website www.fact.co.in .

Selection will be subject to assessment through online test/ skill test and based on considerations such as financial distress of the family, number of dependent members, their age and employment position. Further conditions for such candidates are as follows:

1. Age relaxation will be considered for the candidates depending on the merits of the case on compassionate grounds. The requirement, if any with regard to experience will be relaxed subject to suitability.
2. In case a dependent of a deceased employee is already in employment or employed earlier in FACT, appointed either on compassionate grounds or otherwise, no other dependent will be considered for appointment on compassionate grounds under this notification.
3. Widow of the deceased employee, sons and unmarried daughters will only be considered as dependents.

Applications are to be submitted in the prescribed format as given below together with certified copies of certificates specified therein along with a recent passport size photograph affixed.

Applications should reach the office of Deputy General Manager (HR), FEDO Building, FACT Ltd, Udyogamandal on or before the close of working hours on 22.01.2020. Incomplete applications are liable to be rejected.

DGM(HR)IR

Dated : 04.01.2020

APPLICATION FORM

Application for the post of _____ (Post code :.....) for consideration on
compassionate grounds for dependents of employees of FACT who died while in service

PART A

PARTICULARS OF THE DECEASED EMPLOYEE

1. Name of the Employee :

2. Badge Number, Designation,
Department, Division in FACT at the
time of death :

3. Date of death :

4. Total length of Service rendered
in FACT :

5. Whether belonging to
SC/ST/OBC/EWS :

6. Was death due to accident while on
Duty :

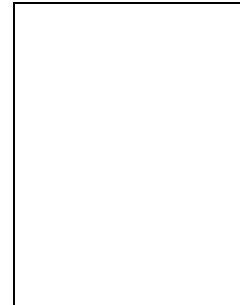
7. Details of all dependents of the deceased employee (if any are employed, their
income and whether they are living together or separately)

Sl No	Name	Age	Whether married or not	Relationship with the employee	Whether employed or not	Particulars of employment & emoluments
(1)	(2)	(3)	(4)	(5)	(6)	(7)

8. Whether any of the dependents (including the widow/widower of the deceased employee are presently employed/employed earlier in FACT) :
 If 'Yes' furnish details such as Name, B.No, Date of joining, Designation, Department etc. :

PART B

PARTICULARS OF THE CANDIDATE



1. Name of the Candidate
(In capital letters) :
2. Present Address
(In full) :
3. Permanent Address
(In full) :
4. Date of Birth :
5. Whether belonging to SC/ST/OBC/EWS :
6. Whether married or not, if married
number of children :
7. Education Qualifications with highest
Examination passed :
8. Experience, if any :
9. Relationship with the deceased employee
of FACT :
10. Whether staying in own house or
Rented house :

PART C

PARTICULARS OF INCOME OF THE FAMILY OF THE DECEASED EMPLOYEE

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1. Family Pension (Monthly) :
 2. Monetary benefits received by the family on
Account of the death of the employee :
 - a) Gratuity :
 - b) Contributory PF :
 - c) LIC Policies :
 - d) Group Insurance :
 - e) Family Relief Fund :
 - f) Encashment of Leave :
 - g) Other benefits, if any :
 3. Movable and immovable properties and
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 :

DECLARATION

I, solemnly affirm that all information given above is true and correct. I understand that in the event of any information given above is found to be false or incorrect either my application will be summarily rejected or if after appointment, my service terminated forthwith. I agree to abide by the decision of the FACT Management in this regard.

Signature of the Candidate

Place:

Date: