## केन्द्रीय संस्कृत विश्वविद्यालय

संसद के अधिनियम द्वारा स्थापित

(पूर्व में राष्ट्रिय संस्कृत संस्थान, मानित विश्वविद्यालय शिक्षा मंत्रालय, भारत सरकार के अधीन) 56–57, सांस्थानिक क्षेत्र, जनकपुरी, नई दिल्ली–110058





## **Central Sanskrit University**

Established by an Act of Parliament

(Formerly Rashtriya Sanskrit Sansthan, Deemed to be University Under Ministry of Education, Govt. of India) 56-57, Institutional Area, Janakpuri, New Delhi-110058

Dated:19.12.2025

F.No.12020/2025-Estt./MTS-Comp/CSU/ 1874

To

The Director

All Campuses Central Sanskrit University

Subject: Appointment on Compassionate Ground of eligible dependents of employees in Central Sanskrit University died while in service/retired on invalid pensionregarding.

Sir/Madam,

I am directed to refer to the subject cited above and to request you to send the enclosed Proforma duly furnished for employment of eligible dependents of employees died while in service/retired on invalid pension in your Campus, for consideration by Competent Authority as per Rules.

Duly furnished proforma alongwith relevant records, by the dependents of the CSU employees deceased/retired on invalid pension should reach this office latest by 10.01.2026.

This is issued under approval of Competent Authority.

[Krishnakumar K.T.] Dy. Director (Admn.)

Yours faithfull

Encl: Proforma.

**Copy to:-** The Project Officer, Central Sanskrit University, Delhi for uploading the prescribed proforma in Staff and Campus corner of University's website.

GENERAL ENQUIRY: 011-28520977, 28521994, 28524993, 28524995, 28525963, 28526175
VC: 28523949, REGISTRAR: 28520979, ADMIN: 28525978, EXAM: 28521258, N.F.S.E.: 35010261
MSP: 35011602, SCHEMES: 28520966, EMAIL: admin@csu.co.in, WEBSITE: www.sanskrit.nic.in

## PROFORMA TO BE FURNISHED BY THE APPLICANT (DEPENDENT OF DECEASED EMPLOYEE) & TO BE VERIFIED BY THE CAMPUS/HEADQUARTER OFFICE OF CENTRAL SANSKRIT UNIVERSITY FOR THE COMPASSIONATE APPOINTMENT

1.	Normal rate of family pension (as per 7 <sup>th</sup> CPC) excluding DA and allowances			
2.	Terminal benefits (DCRG, GPF/PPF, LIC,	Terminal Benefits	Amount (in Rs.)	
	PLI, Leave Encashment etc./Lump sum amount under NPS etc.)	(i) DCR Gratuity		
	amount under NF3 etc.)	(ii) GPF/PPF Balance		
		(iii) LIC (including PLI)		
		(iv) Encashment of Leave		
		(v) CGE Insurance amount		
		(vi) Lump sum amount under		
		NPS		
		(viii) Other, if any		
3.	(a) Educational qualification of the app		hmission of initial	
5.	application for compassionate appo		ionnosion or micia.	
SI.No:	Course passed	University/Board	% of marks obtained	
*Self-atte	ested copies of certificates to be enclosed.  (b) Educational qualification of the app	olicant (dependent) as on date*.		
SI.No:	Course passed	University/Board	% of marks obtained	
		,		
			×	
*Self-att	ested copies of certificates to be enclosed.			
5.	Whether the applicant (dependent belongs to SC/ST/OBC/Ex-Serviceman	t) Whether belongs to EWS category:		
	*Category certificate to be enclosed	*EWS Certificate from concerne	ed Authority to be	
6.	Whether No objection certificate* by o	enclosed ther dependent family members for		
0.	granting compassionate appointment to the (*individual notarized affidavit to be submit	ne applicant (dependent) is enclosed.		

Name of the spouse/dependent family members		t Post held	Government/Privat outsourcing		Monthly & Annual salary/Family pension	
			- Cutsourenig	in	icome*	
					·	
*Salary certi	ificate issued by emplo	yer to be enclosed.				
8.	(b) Status of empl	oyment of spouse, de	ependent members of fa	amily as on date*	*	
Name of th	e spouse/dependen		Government/Private	e/ Month	ly & Annual	
family members			outsourcing	salary/Fa	salary/Family pension	
				in	come*	
***						
vc 1	6		Real - Washington	<u> </u>		
	ficate issued by emplo			- 100		
9.	employee*.	tent family membe	rs as entered in the	service book o	of decease	
	and the second s					
Δς	on date of death of	mnlovee	۸۵	on data		
No.	on date of death of o			on date	DOB	
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Nar	me Relatio	nship D.O.B.	Name	Relationship		
Nar **Copy of F	me Relatio	nship D.O.B.  details of family place		Relationship		
Nar (*Copy of Fe enclosed in	me Relatio  orm No.3 regarding cluding Date of Birth	details of family place of each.)	Name ed in the Service Book of	Relationship the deceased em	ployee to k	
Nar (*Copy of Fe enclosed in	orm No.3 regarding cluding Date of Birth Details of movabl	details of family place of each.) e property (other	Name ed in the Service Book of Name of movable	Relationship  the deceased em	ployee to k	
Nar *Copy of Fe enclosed inc	me Relatio  orm No.3 regarding cluding Date of Birth	details of family place of each.) e property (other wheeler) *	Name ed in the Service Book of	the deceased em	ployee to l movable y as per	
Nar (*Copy of Fe enclosed in	orm No.3 regarding cluding Date of Birth Details of movabl than scooter/two w	details of family place of each.) e property (other wheeler) *	Name ed in the Service Book of Name of movable	the deceased em  Value of propert estimation	ployee to k movable y as per n based on	
Nar *Copy of Fe enclosed inc	orm No.3 regarding cluding Date of Birth Details of movabl than scooter/two w (*self declaration by	details of family place of each.) e property (other wheeler) *	Name ed in the Service Book of Name of movable	the deceased em	ployee to k movable y as per n based on	
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(*Copy of Frenclosed inc	orm No.3 regarding cluding Date of Birth Details of movabl than scooter/two w (*self declaration by enclosed)	details of family place of each.) e property (other wheeler) * the applicant to be	Name  ed in the Service Book of  Name of movable  property	Relationship  the deceased em  Value of propert estimation today's c	ployee to be movable y as per i based on ondition	
*Copy of Fi enclosed inc	orm No.3 regarding cluding Date of Birth Details of movabl than scooter/two w (*self declaration by enclosed)	details of family place of each.) e property (other wheeler) * the applicant to be	Name  In the Service Book of  Name of movable  property  Name of immovable	Total value Relationship  The deceased em  Value of propertiestimation today's company to the deceased em  Total value of properties to the deceased em  Total v	ployee to keep movable by as per on the ondition alue of	
*Copy of Formal Section 1981	orm No.3 regarding cluding Date of Birth Details of movabl than scooter/two w (*self declaration by enclosed)  Details of immova annual income ear	details of family place of each.) e property (other wheeler) * the applicant to be  ble property and med there from by	Name  ed in the Service Book of  Name of movable  property	Total value of immovable	movable y as per based on ondition	
*Copy of Fi enclosed inc 10.	orm No.3 regarding cluding Date of Birth Details of movabl than scooter/two w (*self declaration by enclosed)  Details of immova annual income earn the family	details of family place of each.) e property (other wheeler) * the applicant to be ble property and ned there from by excluding one	Name  In the Service Book of  Name of movable  property  Name of immovable	Total value Relationship  The deceased em  Value of propertiestimation today's company to the deceased em  Total value of properties to the deceased em  Total v	movable y as per based on ondition	
*Copy of Fi enclosed inc 10.	me Relation  form No.3 regarding cluding Date of Birth Details of movabl than scooter/two w (*self declaration by enclosed)  Details of immova annual income earling the family house/housing si	details of family place of each.) e property (other wheeler) * the applicant to be ble property and ned there from by (excluding one te single stair,	Name  In the Service Book of  Name of movable  property  Name of immovable	Total value of immovable	movable y as per based on ondition	
(*Copy of Frenclosed inc	orm No.3 regarding cluding Date of Birth Details of movabl than scooter/two w (*self declaration by enclosed)  Details of immova annual income earn the family house/housing simaximum 1000 sq	details of family place of each.) e property (other wheeler) * the applicant to be  ble property and med there from by excluding one te single stair, oft.) or one house	Name  In the Service Book of  Name of movable  property  Name of immovable	Total value of immovable	movable y as per based on ondition	
Nar (*Copy of F	me Relation  form No.3 regarding cluding Date of Birth Details of movabl than scooter/two w (*self declaration by enclosed)  Details of immova annual income earling the family house/housing si	details of family place of each.) e property (other wheeler) * the applicant to be  ble property and ned there from by (excluding one te single stair, f.ft.) or one house more than 60ft. x	Name  In the Service Book of  Name of movable  property  Name of immovable	Total value of immovable	movable y as per based on ondition	

12.	(Documentary evidence should be produced. Self-certificate by the applicant shall not be accepted) (As on date of death and As on date separately)		
13.	No. of dependent i.e. mother or father, spouse (wife) only	As on date of death of employee	As on date
14.	No. of dependent unmarried daughters	As on date of death of employee	As on date
15.	No. of dependent minor children	As on date of death of employee	As on date
16.	No. of dependent unmarried major son (upto 25 years age)	As on date of death of employee	As on date
17.	No. of dependents major son i.e. physically & mentally challenged (without age limit)	As on date of death of employee	As on date
			f Applicant (Dependent)  Applicant (Dependent)
willful si statemen appointm property, there is a followed tampering experience terminate informati	undertake that the above particulars fur appression of factual information nor t/information in the application/proferent in Central Sanskrit University, Delhi re liability, etc. I understand that if at any st willful suppression of factual information by supply of fake documents/or misles of documents or providing such information, family details, domicile, etc., my cast forthwith, if already appointed. I shadon and submission of any such wrong or inishment by the University and as per law	r submission of fake doc orma/etc. submitted by n elating to caste, eligibility, qu age of the process of appoint relating to the eligibility or o ading statement/information ation relating to the caste, ec andidature shall be cancelled all be solely responsible for false facts/documents/etc. ar	uments or misleading ne for compassionate alification, employment, ment, it is detected that therwise as a candidate, in the application or ducational qualifications, and services shall be suppression of factual
Date:		Signature o	f Applicant (Dependent)
Place:		Full Name o	f Applicant (Dependent)

## CERTIFICATE OF VERIFICATION OF INFORMATION/DOCUMENTS FURNISHED BY THE APPLICANT (DEPENDENT) BY THE CAMPUS/HEADQUARTERS OFFICE OF CENTRAL SANSKRIT UNIVERSITY

This is to certify that Shri/Smt./Ku	(Applicant/Dependen	t),
wife/son/daughter of Shri/Smt	(decease	ed
employee) of	Campus/Headquarters Office of Centr	ral
Sanskrit University has submitted all the required inf	formation/documents. The same has been	en
duly verified with the service records of the decea	ased employee/from concerned authen	tic
sources and are found correct.		

**SECTION OFFICER (ADMN.)** 

Campus/HQ Office (Name & signature with official seal)

DIRECTOR/Head of Section Campus/HQ Office (Name & signature with official seal)