

केन्द्रीय संस्कृत विश्वविद्यालय

संसद के अधिनियम द्वारा स्थापित

(पूर्व में राष्ट्रीय 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

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

Dated:19.12.2025

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 pension-regarding.

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.

Yours faithfully,

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

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.

**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 th CPC) excluding DA and allowances		
2.	Terminal benefits (DCRG, GPF/PPF, LIC, PLI, Leave Encashment etc./Lump sum amount under NPS etc.)	Terminal Benefits	Amount (in Rs.)
		(i) DCR Gratuity	
		(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 applicant (dependent) as on date of submission of initial application for compassionate appointment by the applicant*.		
Sl.No:	Course passed	University/Board	% of marks obtained
*Self-attested copies of certificates to be enclosed.			
	(b) Educational qualification of the applicant (dependent) as on date*.		
Sl.No:	Course passed	University/Board	% of marks obtained
*Self-attested copies of certificates to be enclosed.			
5.	Whether the applicant (dependent) belongs to SC/ST/OBC/Ex-Serviceman	Whether belongs to EWS category:	
	*Category certificate to be enclosed	*EWS Certificate from concerned Authority to be enclosed	
6.	Whether No objection certificate* by other dependent family members for granting compassionate appointment to the applicant (dependent) is enclosed. (*individual notarized affidavit to be submitted)		

7.	(a) Status of employment of spouse, dependent members of family as on date of initial application submitted for compassionate appointment*				
Name of the spouse/dependent family members		Post held	Government/Private/outsourcing	Monthly & Annual salary/Family pension / income*	
*Salary certificate issued by employer to be enclosed.					
8.	(b) Status of employment of spouse, dependent members of family as on date*				
Name of the spouse/dependent family members		Post held	Government/Private/outsourcing	Monthly & Annual salary/Family pension/ income*	
*Salary certificate issued by employer to be enclosed.					
9.	Details of dependent family members as entered in the service book of deceased employee*.				
As on date of death of employee			As on date		
Name	Relationship	D.O.B.	Name	Relationship	D.O.B.
(*Copy of Form No.3 regarding details of family placed in the Service Book of the deceased employee to be enclosed including Date of Birth of each.)					
10.	Details of movable property (other than scooter/two wheeler) * (*self declaration by the applicant to be enclosed)		Name of movable property	Value of movable property as per estimation based on today's condition	
11.	Details of immovable property and annual income earned there from by the family (excluding one house/housing site single stair, maximum 1000 sq.ft.) or one house site measuring not more than 60ft. x 14 ft. i.e. 2400 sq.ft.* (*documentary evidence to be produced)		Name of immovable property	Total value of immovable property (book value as on date)	

12.	Brief particulars of liabilities, if any (Documentary evidence should be produced. Self-certificate by the applicant shall not be accepted) (<u>As on date of death and As on date separately</u>)		
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

Date:.....

Signature of Applicant (Dependent)

Place:.....

Full Name of Applicant (Dependent)

DECLARATION BY APPLICANT

I undertake that the above particulars furnished by me are true and correct. There is neither willful suppression of factual information nor submission of fake documents or misleading statement/information in the application/proforma/etc. submitted by me for compassionate appointment in Central Sanskrit University, Delhi relating to caste, eligibility, qualification, employment, property, liability, etc. I understand that if at any stage of the process of appointment, it is detected that there is a willful suppression of factual information relating to the eligibility or otherwise as a candidate, followed by supply of fake documents/or misleading statement/information in the application or tampering of documents or providing such information relating to the caste, educational qualifications, experience, family details, domicile, etc., my candidature shall be cancelled and services shall be terminated forthwith, if already appointed. I shall be solely responsible for suppression of factual information and submission of any such wrong or false facts/documents/etc. and shall be liable for any action/punishment by the University and as per law of Land.

Date:.....

Signature of Applicant (Dependent)

Place:.....

Full Name of 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/Dependent),
wife/son/daughter of Shri/Smt..... Ex.....(deceased
employee) ofCampus/Headquarters Office of Central
Sanskrit University has submitted all the required information/documents. The same has been
duly verified with the service records of the deceased employee/from concerned authentic
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)