सत्यमेव जयते

जवाहरलाल स्नातकोत्तर आयुर्विज्ञान शिक्षा एवं अनुसंधान संस्थान
JAWAHARLAL INSTITUTE OF POST GRADUATE MEDICAL EDUCATION & RESEARCH
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)
(An Institution of National Importance under Ministry of Health & Family welfare)
धन्वंतरि नगर, पुदुच्चेरी / Dhanwantari Nagar, Puducherry- 605 006
Website: www.jipmer.edu.in
Phone: 0413 – 2296022 Fax: 0413 – 2272067- 2272735

No. Estt.17(4)/2012 **Dated:** 01 AUG 2026

OFFICE ORDER

Sub: Verification of Original Certificates and Other Requisite Documents of Provisionally Eligible Candidates under the Scheme for Compassionate Appointment – Reg.

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Pursuant to the recommendations of the Compassionate Appointment Committee and with the approval of the Competent Authority and in accordance with the extant instructions issued by the Department of Personnel & Training (DoPT), Government of India, on compassionate appointment vide dated 02.08.2022, the provisionally eligible applicants enclosed as Annexure-I are hereby informed to appear for verification of their original certificates and other requisite documents in connection with their candidature for appointment on compassionate grounds.

The verification of original certificates will be conducted on 05.08.2026 (Wednesday) at 10.00 A.M. in Room No.104, Ground Floor, Administrative Block, JIPMER, Puducherry.

The applicants mentioned in Annexure-I are required to appear in person for verification of their original certificates and other requisite documents on the above-mentioned date and time:

Instructions to the applicants:

1. Applicants have to submit the following duly filled and notarized affidavits/ declarations in the prescribed formats enclosed with the Office Order.
   a. Bio-data form (Annexure – II)
   b. Joint Affidavit-cum-No Objection Certificate from other eligible family members (Annexure-III)
   c. Affidavit of Undertaking by the applicant regarding maintenance of dependent family members and acceptance of conditions of compassionate appointment (Annexure – IV)
   d. Affidavit-cum-Self Declaration regarding authenticity of certificates/documents and correctness of information furnished (Annexure-V)
   e. Any other affidavit or document specifically called for by the Institute.

2. It is further informed that if any candidate remains absent on the scheduled date and time without prior intimation, it will be construed that the candidate is not interested in the appointment. In such cases, no further opportunity for certificate verification will be provided. The decision of the Institute in this regard shall be final and binding.

3. Mere participation in the certificate verification process or inclusion of the candidate in this list shall not confer any right to appointment on compassionate grounds. Appointment, if any, shall be made strictly in accordance with the Government of India instructions, availability of vacancies under the prescribed quota and approval of the Competent Authority.

4. All applicants are required to appear at the above-mentioned venue on the scheduled date and time with following original certificates, relevant supporting documents and one set of self-attested photocopies of the same.

- Recent Photograph (2 copies)
- An Affidavit on Non-Judicial Stamp Paper of denomination of Rs. 20/-as mentioned in Sl.No.1 duly notarized.
- Proof of Age (Birth Certificate/SSLC Mark Statement).
- Identity proof and address proof (Aadhaar/ Voter ID/ Driving Licence, etc).
- Relevant Educational Qualifications, starting from SSLC onwards.
- Previous/ Current working certificate (if any) clearly stating duration of experiences, etc.
- Community Certificate (OBC/SC/ST/EWS), if any.
- PwBD Certificate, if any.
- Any other relevant documents.

This is issued with the approval of the Competent Authority.

01.8.2026

(HAWA SINGH)
SENIOR ADMINISTRATIVE OFFICER

वरिष्ठ प्रशासनिक अधिकारी / Senior Administrative Officer
जिपमेर, पुदुच्चेरी / JIPMER, Puducherry

Enclosure:
As above

To
The Individuals Concerned.

Copy to
1. PS to Director / Medical Superintendent/ PA to DDA/ SAO.
2. O/I of IT wing – Requested to host this information on the Institute's website for information.

Annexure-I

Sl. No.	UNIQUE REGISTRATION NUMBER (URN)	NAME OF THE APPLICANT	RELATIONSHIP	NAME & DESIGNATION OF THE DECEASED GOVERNMENT SERVANT/ RETIRED ON MEDICAL GROUNDS
1	JIP/CA/2012/057	S PRATHA	WIFE	(Late) S SATHIYAMOORTHY, EX-THEATRE ASSISTANT
2	JIP/CA/2012/070	BAVANI L	WIFE	(Late) LAVA RAGAVENDRAN L, EX-PROJECTIONIST
3	JIP/CA/2012/059	AMSAVENI	SISTER	(Late) D AIANARAPPANE, EX-THEATRE ATTENDANT
4	JIP/CA/2012/011	J AGASH	SON	(Late) S JAYAKUMAR, EX-SAFAIWALA
5	JIP/CA/2012/019	M VIGNESH	SON	(Late) D MURUGAIYAN, EX-SAFAIWALA
6	JIP/CA/2012/016	A S ARUN	SON	(Late) K AGUILAN EX-PEON
7	JIP/CA/2012/014	G LOGESWARAN	SON	(Late) R GOVINDANE, EX- ATTENDENT CSSD
8	JIP/CA/2012/017	K PRITHIVIRAJAN	SON	(Late) R KALAISELVAN, EX-NURSING ATTENDANT
9	JIP/CA/2012/043	G VASUKI	DAUGHTER	(Late) G GOPALAKRICHENIN, EX-LAUNDRY OPERATOR
10	JIP/CA/2012/012	M DHINESH KUMAR	SON	(Late) K MURUGAN, EX-THEATRE ATTENDANT
11	JIP/CA/2012/056	ANBAZHAGAN	HUSBAND	(Late) VIJAYAKALA, EX-NURSING OFFICER
12	JIP/CA/2012/001	IYYAPPAN B	SON	(Late) V BABU EX-HELPER
13	JIP/CA/2012/058	S VARALAKSHMI	WIFE	(Late) M SELVAM, EX-MTS
14	JIP/CA/2012/006	A LOKESHWARAN	SON	(Late) A ENJALAMMAL, EX-THEATRE ATTENDANT
15	JIP/CA/2012/039	V VINEETH	SON	(Late) F VIJAYAKUMAR, EX-THEATRE ASISTANT
16	JIP/CA/2012/032	V AMBEDHKAR	SON	(Late) V VENUGOPAL, EX-SR. SAFAIWALA
17	JIP/CA/2012/073	VISHNU C	SON	(Late) KOMATHI C Ex-LDC
18	JIP/CA/2012/047	S SOORIYA	SON	(Late) N SELVAM, EX-HELPER
19	JIP/CA/2012/007	SABARI SANTHOSH	SON	(Late) B ARUMUGAM EX-NURSING ATTENDANT
20	JIP/CA/2012/005	S MATCHAVELU	SON	(Late) S AMIRTHAM, EX-SAFAIWALA
21	JIP/CA/2012/071	DESSAINT RAINE SUSAN	DAUGHTER	(Late) DESSAINTS EDWIN POUROUCHOTTAMARAJ, EX-HELPER (MTS)
22	JIP/CA/2012/052	E SUBA PRIYAN	SON	(Late) G EZHILARASAN, EX- LAB ATTENDANT
23	JIP/CA/2012/002	VIVEK P	SON	(Late) G PERUMAL EX-DRESSER
24	JIP/CA/2012/030	S SUGUMAR	SON	(Late) S A SELVANATHAN, EX- NURSING ATTENDANT
25	JIP/CA/2012/050	L VINOTHKUMAR	SON	(Late) VICTORIA SINNAPPIN, EX-NURSING ATTENDANT
26	JIP/CA/2012/067	V MALLIGA	WIFE	(Late) P VENGATESAN, DAFTRY

27	JIP/CA/2012/027	S IYYAPPAN	SON	(Late) K SHANMUGAM, EX-JUNIOR TAILOR
28	JIP/CA/2012/018	A RAVISANKAR	SON	(Late) R ARIKRISHNAN, EX-PEON
29	JIP/CA/2012/010	C RAJESH	SON	(Late) S KALIYAPERUMAL, EX-SECURITY GUARD
30	JIP/CA/2012/072	ABISHEK P	SON	(Late) PALANIVEL K, Ex-HELPER (MTS)

01.8.2026

(HAWA SINGH)
SENIOR ADMINISTRATIVE OFFICER
वरिष्ठ प्रशासनिक अधिकारी / Senior Administrative Officer
जिपमेर, पुदुच्चेरी / JIPMER, Puducherry

Annexure-II

JIPMER, PUDUCHERRY
BIO-DATA & SELF DECLARATION

Certificate verification form for appointment on Compassionate Grounds

(Details to be filled in by the applicant in capital letters)

1. Name of the Applicant (Full Name)	:	
2. UAN No.	:	
3. Merit list sl.no.	:	
4. Date & Place of Birth	:	
5. Gender	:	Male/ Female
6. Name of the Government Employee expired/ retired on medical grounds	:	
7. Date of death of the Govt. servant/ retirement on medical grounds	:	
8. Personal Identification Mark	:	a. b.
9. Father's Name	:	
10. Mother's Name	:	
11. Marital status	:	Married/ Unmarried/ Widowed/ Divorced
12. Husband's/ Wife's name (if married)	:	
13. Date of Marriage (if married)	:	
14. Nationality	:	
15. Religion	:	
16. Category - UR/OBC/SC/ST/EWS	:	
17. Name of the Caste / Sub Caste	:	
18. Mobile No.	:	
19. E-mail ID	:	
20. Aadhaar No.	:	

21. Qualifications

Examination Passed	Name of the School / Institution	Name of the Board / University	Month & Year of Passing
10th Std			
12th Std/ Equivalent			
UG Degree			
PG Degree			

22. Any other qualification (if any) :

23. Previous employment :

Name of Employer	Designation	Nature of employment (Govt./private/ contract)	Period of service	Last pay drawn	Reason for leaving

24. Police/ Court Case details (if any) :

25. Family Particulars:

Name	Relation	Age	Nature of employment (Govt./private/ contract) & Designation	Monthly Salary/ income	Dependent (Y/N)

26. **Permanent Address:**	27. **Correspondence Address:**
Pin Code: ☐☐☐☐☐☐	Pin Code: ☐☐☐☐☐☐

Date:

Place: (Signature of the applicant)

Annexure-III

JAWAHARLAL INSTITUTE OF POST GRADUATE MEDICAL EDUCATION & RESEARCH
DHANWANTARI NAGAR, PUDUCHERRY- 605 006

JOINT AFFIDAVIT-CUM-NO OBJECTION CERTIFICATE

Non-Judicial Stamp paper of denomination of Rs. 20/-

(To be executed jointly by all major legal heirs/dependents of the deceased Government servant on a Non-Judicial Stamp Paper of appropriate value and duly attested by a Notary Public/Executive Magistrate.)

We, the undersigned, being the legal heirs/dependents of Late Shri/Smt. _____, namely:

Sl. No.	Name	DOB/ Age	Relationship with the Deceased	Signature
1.				
2.				
3.				
4.				
5.				

do hereby jointly and severally solemnly affirm and declare as follows:

1. That Late Shri/Smt. _____, who was working as _____ in _____, expired on _____ while in service.
2. That we are the legal heirs/dependents of the deceased Government servant and are fully competent to execute this Joint Affidavit.
3. That we are fully aware that Shri/Smt. _____, who is our _____, has applied for appointment on compassionate grounds consequent upon the death of the above Government servant.
4. That we hereby accord our free, unconditional, voluntary and irrevocable consent for the compassionate appointment of Shri/Smt. _____ under the applicable Government of India Rules, instructions and guidelines governing compassionate appointments.
5. That we have no objection whatsoever to the appointment of the above applicant and hereby jointly and individually relinquish and waive any present or future claim, objection, dispute, grievance or right in relation to such compassionate appointment.
6. That we undertake that none of us, nor anyone claiming through us, shall hereafter raise any dispute, objection, litigation or claim before any Court of Law, Tribunal, Government Authority or any other forum challenging the compassionate appointment granted to the above applicant.
7. That this affidavit is executed voluntarily, without coercion, undue influence or misrepresentation, after fully understanding its legal implications.
8. That we understand that compassionate appointment is a welfare measure intended to provide immediate financial assistance to the bereaved family and that appointment shall be subject to the eligibility of the applicant and approval of the Competent Authority.
9. That the statements made herein are true and correct to the best of our knowledge and belief. We further declare that no material fact has been concealed.
10. That if any statement made in this affidavit is found to be false, incorrect or misleading, we shall be jointly and severally responsible for all legal and administrative consequences arising therefrom.

DEPONENTS

Sl. No.	Name	Signature
1.		
2.		
3.		
4.		
5.		

Place: _____

Date: _____

VERIFICATION

We, the above-named deponents, do hereby verify that the contents of paragraphs 1 to 10 of this Joint Affidavit are true and correct to the best of our knowledge and belief and that nothing material has been concealed therefrom.

Verified at _____ on this _____ day of _____, *20*.

DEPONENTS

(Signatures of all the deponents)

Witnesses

1. Name: _____

   Signature: _____

   Address: _____

2. Name: _____

   Signature: _____

   Address: _____

Attested before me

Notary Public / Executive Magistrate

Annexure-IV

JAWAHARLAL INSTITUTE OF POST GRADUATE MEDICAL EDUCATION & RESEARCH
DHANWANTARI NAGAR, PUDUCHERRY- 605 006

AFFIDAVIT OF UNDERTAKING BY THE APPLICANT

Non-Judicial Stamp paper of denomination of Rs. 20/-

(To be executed by the applicant on a Non-Judicial Stamp Paper of appropriate value and duly attested by a Notary Public/Executive Magistrate)

I, Shri/Smt./Ms. _____, aged _____ years, Son/Daughter/Wife of Late Shri/Smt. _____ / Shri/ Smt. _____ (retired on invalid pension), residing at _____, do hereby solemnly affirm and declare as follows:

1. That I am the applicant seeking appointment on compassionate grounds consequent upon the death in harness of Late Shri/Smt. _____ / retirement on invalid pension of Shri/Smt. _____, who was working as _____ in _____.
2. That the deceased Government servant / Government servant retired on invalid pension has left behind the following family members/dependents:

Sl. No.	Name	Age	Relationship	Present Occupation	Dependent (Yes/No)
1.					
2.					
3.					
4.					
5.					

3. That I fully understand that compassionate appointment is intended to provide immediate financial assistance to the bereaved family and not merely to provide employment to an individual member of the family.
4. That, if appointed on compassionate grounds, I hereby solemnly undertake that I shall maintain, support and take proper care of all the eligible dependents/legal heirs of the deceased Government servant / Government servant retired on invalid pension, including their basic needs such as food, clothing, shelter, medical care, education and other welfare requirements, to the extent applicable.
5. That I shall not neglect, abandon or deny financial or moral support to any dependent family member who is otherwise entitled to such support under law.
6. That I shall utilize my salary and other service benefits responsibly for the welfare of the family and shall make every reasonable effort to ensure the financial security and well-being of all dependents.
7. That I understand that this undertaking is being furnished for consideration of my request for compassionate appointment and forms an integral part of my application.
8. That I declare that the information furnished by me in my application, this affidavit and the documents submitted in support thereof is true, complete and correct. I further declare that no material fact has been suppressed or concealed.

9. That if any declaration made by me is found to be false or if it is subsequently established that I obtained compassionate appointment by suppression of facts, submission of false information or forged documents, I shall be liable for cancellation/termination of my appointment forthwith, besides such civil, criminal and departmental action as may be initiated against me under the applicable rules and laws, without prejudice to any other action deemed fit by the Competent Authority.
10. I execute this affidavit voluntarily, without any coercion or undue influence, fully understanding its legal consequences.
11.

DEPONENT

(Signature)

Name: _____

Relationship with the deceased/invalid pensioner: _____

Address: _____

Mobile No.: _____

VERIFICATION

I, Shri/Smt./Ms. _____, the above-named deponent, do hereby verify that the contents of paragraphs 1 to 10 are true and correct to the best of my knowledge and belief and that nothing material has been concealed therefrom.

Verified at _____ on this _____ day of _____, *20*.

DEPONENT

(Signature)

Attested before me

Notary Public / Executive Magistrate

Annexure-V

JAWAHARLAL INSTITUTE OF POST GRADUATE MEDICAL EDUCATION & RESEARCH
DHANWANTARI NAGAR, PUDUCHERRY- 605 006

AFFIDAVIT-CUM- SELF DECLARATION

Non-Judicial Stamp paper of denomination of Rs. 20/-

I, **Mr./Mrs./Ms.** _____, aged _____ years, Son/Daughter/Spouse of **Late/Shri./Smt.** _____, residing at _____,
do hereby solemnly affirm and declare as follows:

1. That I have applied for appointment under the Scheme for Compassionate Appointment in JIPMER, Puducherry and I declare that all the particulars furnished by me in my application form, bio-data, declarations, affidavits and all supporting documents submitted in connection with my candidature are true, complete and correct to the best of my knowledge and belief.
2. That I possess and fulfil all the eligibility conditions prescribed under the Scheme for Compassionate Appointment and the applicable Government of India guidelines, as on the relevant date prescribed by JIPMER.
3. That I have not concealed, suppressed, misrepresented or furnished any false or misleading information regarding my family particulars, dependency, employment status, occupation, income, assets, educational qualifications or any other material information relevant to my claim for compassionate appointment.
4. That all the certificates and documents produced by me, including but not limited to educational certificates, income certificates, legal heir certificate, dependency certificate, employment certificates, identity proofs and other supporting documents, are genuine, authentic and issued by the competent authorities. I further declare that I have not submitted any forged, fabricated, altered or tampered document.
5. That I have correctly disclosed the employment status, occupation and monthly income of all earning members and dependents of my family and have also correctly disclosed my own previous employment details, if any and my present employment status.
6. That no criminal case, police case or court proceeding is pending against me, except those specifically disclosed by me, if any.
7. That I undertake to immediately inform JIPMER in writing of any change in my family particulars, dependency status, marital status, employment status, income or any other material information that may affect my eligibility, at any time before completion of the recruitment process or issuance of appointment orders.
8. That I clearly understand that mere submission of my application, bio-data, affidavits, supporting documents or verification of my original certificates does not confer upon me any right or claim for appointment under the Scheme for Compassionate Appointment.
9. That I further understand and agree that if, at any stage, before or after my appointment, any information furnished by me is found to be false, incorrect, incomplete, suppressed or misleading, or if any certificate or document submitted by me is found to be forged, fabricated, altered or otherwise not genuine, my candidature or appointment shall be liable to be cancelled or terminated forthwith, without assigning any reason or prior notice.
10. That in such an event, I shall be solely responsible for the consequences and shall be liable for disciplinary action, recovery of pay and allowances and any other financial benefits received by me, besides civil or criminal proceedings or any other action as deemed fit by the Competent Authority under the applicable rules, regulations and laws.

I make this affidavit voluntarily, with full knowledge of its contents and legal consequences, and declare that the statements made herein are true and correct.

Deponent

Verification

I, the above-named deponent, do hereby verify that the contents of paragraphs 1 to 10 of this affidavit are true and correct to the best of my knowledge and belief, and that nothing material has been concealed or suppressed therefrom.

Verified at JIPMER, Puducherry on this Date.....

Deponent

Attested before me

Notary Public / Executive Magistrate

JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION & RESEARCH
VERITAS CURAT
सत्यं महाभेषजम्
PUDUCHERRY