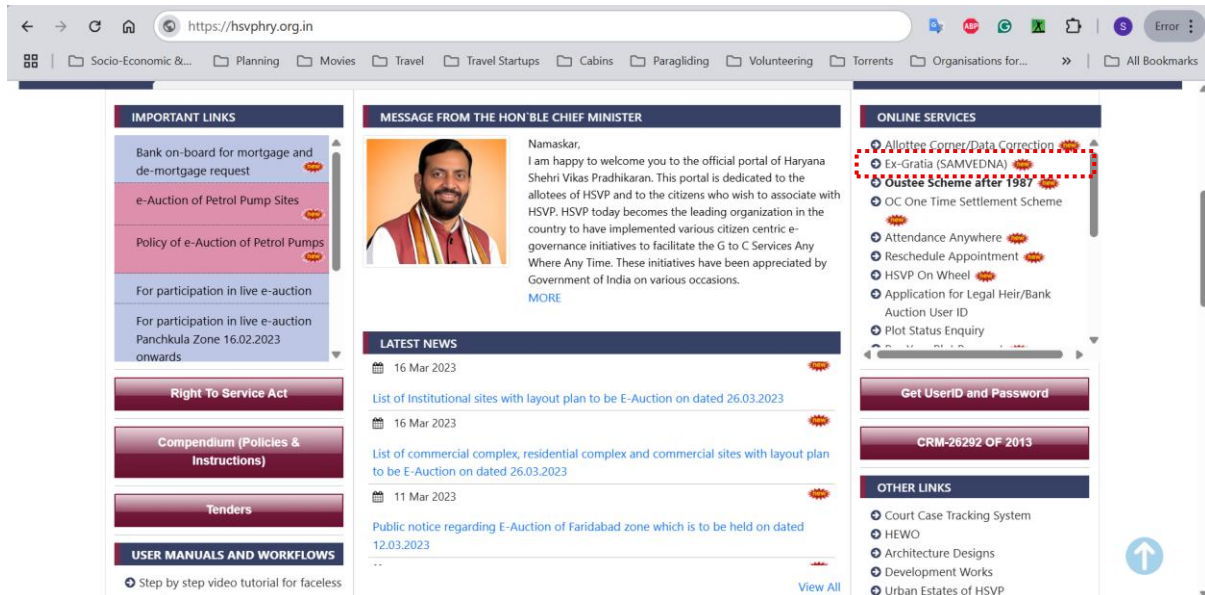


# User Manual for the HSVP's Ex-Gratia Portal

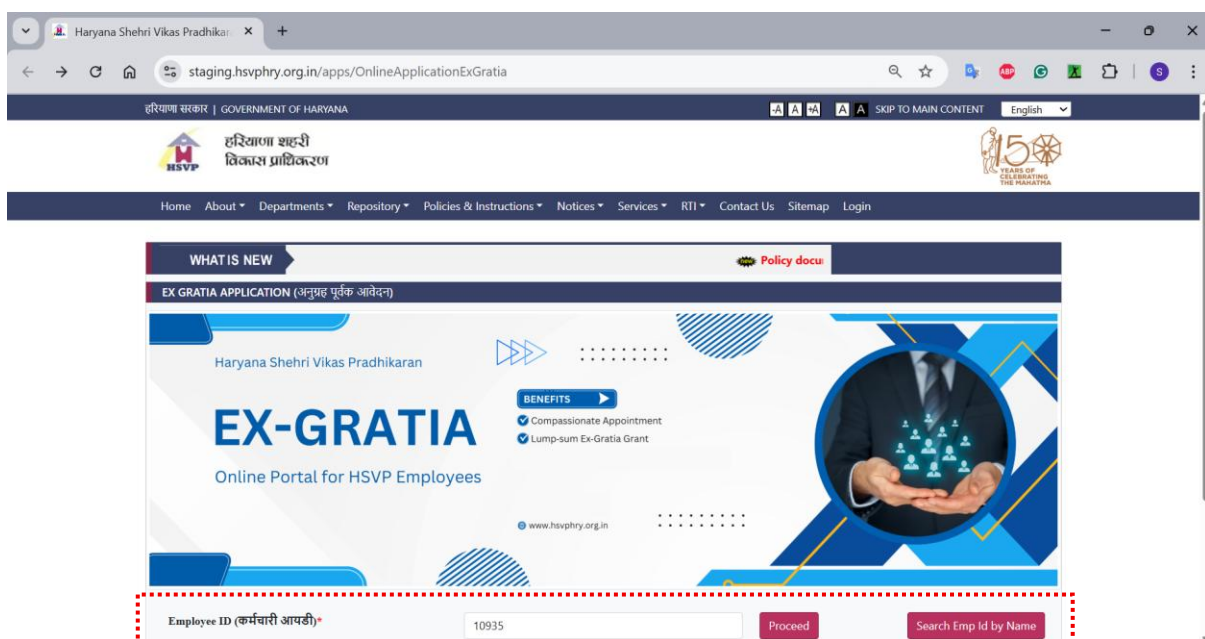
## Step 1: Click on Ex-Gratia (SAMVEDNA)

- Applicants must submit their application through the online service “**Ex-Gratia (SAMVEDNA)**” available on HSVP's official website [www.hsvphry.org.in](http://www.hsvphry.org.in).



## Step 2: Use the deceased Employee ID to initiate the application process

- Applicants are required to enter the Employee ID or Name of the deceased employee to begin the application process.



### Step 3: Verify data fetched from the HRMS database.

- The details will be retrieved using the deceased employee's ID from the HRMS system to ensure accurate data.
- The applicant must choose whether the employee is deceased or missing.
- These details include the name of the deceased/missing employee, date of birth, date of joining, designation, last drawn basic pay, DDO name, and the associated urban estate.

Employee ID (कर्मचारी आयडी)\*

10935

Proceed

Search Emp Id by Name

EMPLOYEE DETAILS :

Whether government employee is  
(सरकारी कर्मचारी की तत्कालीन स्थिति): \*

☐ Deceased (मृत)☐ Missing (लापता)

Name of the Deceased/Missing Govt  
Employee (मृत/लापता सरकारी कर्मचारी का  
नाम)\*

RAKESH KUMAR

Date of Birth of the Deceased/Missing  
Govt Employee (मृत/लापता सरकारी  
कर्मचारी की जन्म तिथि)\*

14/07/1981

Date of Joining of the Deceased/Missing  
Govt Employee (मृत/लापता सरकारी  
कर्मचारी के कार्यभार ग्रहण करने की तिथि)\*

30/01/2014

Designation/Post last held (अंतिम धारित  
पद)\*

SYSTEM OFFICER

Last Drawn Basic pay (अंतिम आहरित मूल  
वेतन)\*

68000

Urban Estate (शहरी संपदा)\*

Select ...

DDO Designation (आहरण एवं संवितरण  
अधिकारी)\*

CHIEF CONTROLLER OF FINANCE HSN

Date of death/missing (मृत्यु/लापता होने की  
तिथि)\*

dd/mm/yyyy

#### Step 4: Provide details of the family member eligible for compensation

- Applicants must choose whether they want "Compassionate Financial Assistance" or "Compassionate Appointment" from the HSVP.
- Details of the family member eligible for compensation will be collected, including their name, educational qualifications, residential address, contact information, and bank account details.
- Applicants must verify the mobile numbers linked to their Aadhar numbers using an OTP to establish the relationship with the deceased or missing employee and for further communications.
- All fields marked with an asterisk (\*) are mandatory, and the application process cannot proceed unless these fields are accurately completed with the required information.

| FULL INFORMATION OF FAMILY MEMBER ELIGIBLE FOR COMPASSIONATE FINANCIAL ASSISTANCE/JOB (अनुकंपा वित्तीय सहायता/नौकरी के लिए पात्र परिवार के सदस्य की पूरी जानकारी) : |  |   |  |
|---|--|---|--|
| Applying For (आवेदन का उद्देश्य) *  | <input type="radio"/> Compassionate financial assistance (अनुकंपापूर्ण वित्तीय सहायता) <input type="radio"/> Compassionate appointment (अनुकम्पा नियुक्ति) |   |  |
| Name of the eligible person as per aadhar(नाम) *  | <input type="text" value="Enter Name"/>  | Highest Educational Qualification (उच्चतम शिक्षा योग्यता) *   | <input type="text" value="Enter Education Qualification"/> |
| Date of Birth of Eligible person (पात्र व्यक्ति की जन्म तिथि) *   | <input type="text" value="dd/mm/yyyy"/>  |   |  |
| Permanent Address (स्थायी पता) *  | <input type="text" value="Address"/>   |   |  |
| <input type="checkbox"/> Same As Permanent Address (स्थायी पते के समान) *   |  |   |  |
| Correspondence Address (पत्राचार का पता) *  | <input type="text" value="Address"/>   |   |  |
| Mobile Number (मोबाइल नंबर) *   | <input type="text" value="Enter Mobile"/>  | <input type="button" value="Send OTP"/>   |  |
| Email ID (ईमेल आईडी) *  | <input type="text" value="Enter Email"/>   | Relation with Deceased/Missing Govt Employee (मृत/लापता सरकारी कर्मचारी के साथ संबंध) *   | <input type="text" value="Select One"/>                    |
| Whether Fully Dependent on Deceased/Missing Govt Employee (क्या मृत/लापता सरकारी कर्मचारी पर पूर्णतः निर्भर है) *   | <input type="text" value="Select One"/>  | If employed in any department under central/state/PSU govt (यदि केंद्र/राज्य/पीएसयू सरकार के अंतर्गत किसी विभाग में कार्यरत है) * | <input type="text" value="Select One"/>                    |
| Whether suffering from any chronic any disease or divyang (चाहे किसी पुरानी बीमारी से पीड़ित हों या दिव्यांग हों) * Attach supporting document *                    | <input type="text" value="Select One"/>  |   |  |

| BANK ACCOUNT DETAILS OF ELIGIBLE PERSON: (पात्र व्यक्ति का बैंक खाता विवरण) : |  |  |  |
|---|--|--|--|
| Bank Name (बैंक का नाम) *   | <input type="text" value="Enter Bank Name"/> | IFSC Code (आईएफएससी कोड) *                                       | <input type="text" value="Enter IFSC Code"/> |
| Bank Account Number (बैंक खाता संख्या) *                                      | <input type="text"/>                         | Re-enter Bank Account Number (बैंक खाता संख्या पुनः दर्ज करें) * | <input type="text"/>                         |
| Bank Address (बैंक पता) *   | <input type="text" value="Bank Address"/>    |  |  |

## Step 5: Uploading the necessary documents and declaration.

- The applicant is required to submit supporting documents, FIR, including the Aadhaar card, Ration Card, Bank Passbook, Affidavit, Educational Certificates, photograph of the applicant, Divyang Certificate if applicable and any other relevant documents.
- Additionally, the applicant must provide a declaration affirming the accuracy of the information submitted before clicking the submit button.

**UPLOAD DOCUMENTS (दस्तावेज़ अपलोड करें) (MAX 3 MB) :**

|   |             |                |
|---|-------------|----------------|
| 1.Upload Death Certificate in case of death/FIR in case of missing (मृत्यु की स्थिति में मृत्यु प्रमाण पत्र अपलोड करें/गुमशुदगी की स्थिति में एफआईआर अपलोड करें): * | Choose file | No file chosen |
| 2.Aadhar of the eligible person (पात्र व्यक्ति का आधार) (Max 500 KB): *   | Choose file | No file chosen |
| 3.Ration card of government employee (सरकारी कर्मचारी का राशन कार्ड) (Max 500 KB): *  | Choose file | No file chosen |
| 4.Bank passbook copy (बैंक पासबुक कॉपी): (Max 500 KB) *   | Choose file | No file chosen |
| 5.Affidavit (See CFA5 in the policy document)(शपथ पत्र): (Max 500 KB) *   | Choose file | No file chosen |
| 6.Marksheet/Degree certificate of highest educational qualification (उच्चतम शैक्षणिक योग्यता की मार्कशीट/डिग्री प्रमाण पत्र):(Max 500 KB) *                         | Choose file | No file chosen |
| 7. Supporting Documents (सहकारी दस्तावेज़): *   | Choose file | No file chosen |
| 8. Photograph of eligible person(पात्र व्यक्ति का फोटो): *  | Choose file | No file chosen |
| 9. Divyang Certificate(दिव्यांग प्रमाण पत्र):   | Choose file | No file chosen |

**Declaration :**

I hereby declare that the information provided in this application is true, complete, and correct to the best of my knowledge. I understand that in case any discrepancy or false information is identified at any stage, it may lead to the immediate cancellation of any benefits provided to me, and I shall be solely responsible for the consequences thereof.

**घोषणा:**

मैं यह घोषणा करता/करती हूँ कि इस आवेदन में दी गई जानकारी मेरी जानकारी के अनुसार सही, पूर्ण और सत्य है। मैं यह समझता/समझती हूँ कि यदि किसी भी स्तर पर कोई विसंगति या गलत जानकारी पाई जाती है, तो इसके परिणामस्वरूप मुझे प्रदान की गई किसी भी लाभ को तत्काल प्रभाव से रद्द किया जा सकता है, और मैं इसके लिए पूरी तरह से जिम्मेदार होऊंगा/होऊंगी।

☐ I have read all Terms & Conditions and I accept all Terms & Conditions. (मैंने सभी शर्तें और शर्तें पढ़ ली हैं। शर्तें और मैं सभी शर्तें स्वीकार करता हूँ स्थितियाँ।)

Submit

## Step 6: Receipt of the application

- Take receipt of the application for record and verification of the information provided.
- The Chief Administrator, HSVP, will be the competent authority for final approval.
- Applicant will be informed of the status of the application through text SMS and email provided in the application form.



### Haryana Shehri Vikas Pradhikaran

Application Receipt For Ex-Gratia

Website : <https://www.hsvphry.org.in>



#### Employee Details:

|   |                                     |
|---|-------------------------------------|
| Application No  | ZO004/EO007/UE015/2025/EXGRA/000001 |
| Application Submission Date                           | Apr 9 2025 10:35AM                  |
| Employee ID   | 00015326                            |
| Name of the Deceased/Missing Govt Employee            | Surender                            |
| Date of Birth of the Deceased/Missing Govt Employee   | 21/02/1995                          |
| Designation/Post last held                            | PEON                                |
| Last drawn basic pay                                  | 16900.00                            |
| DDO Name  | ESTATE OFFICER, HSVP, KATHAL        |
| Urban Estate Name                                     | Kaithal                             |
| Date of Joining of the Deceased/Missing Govt Employee | 11/03/2024                          |

#### Full Information of Family member eligible for compansion/Job

|  |               |
|--|---------------|
| Name   | ritu          |
| Heighest Education Qualification                             | mca           |
| Permanent Address  | test          |
| Correspondence Address                                       | test          |
| Mobile Number  | 9855555555    |
| Email ID   | test@test.com |
| Realtion with Deceased/Missing Govt Employee                 | Mother        |
| Whether Fully Dependent on Deceased/Missing Govt Employee    | YES           |
| If Employee in any department under state govt               | YES           |
| Name of Department   | HSVP          |
| Branch Name  | IT wing       |
| Basic Pay  | 52000.00      |
| Whether suffering from any disease or Physically handicapped | NO            |
| Bank Name  | SBI           |
| IFSC Code  | IFDC0001K     |

Sample Form



## Haryana Shehri Vikas Pradhikaran

Application Receipt For Ex-Gratia

Website : <https://www.hsvphry.org.in>



|                     |      |
|---------------------|------|
| Bank Account Number | 1234 |
| Bank Address        | test |

### Detail information regarding dependent & deceased/disappeared govt employee

| Sr.No. | Name   | Relation | Date of Birth | Monthly Income | Marital Status | Mobile Number | Property Dtls |
|--------|--------|----------|---------------|----------------|----------------|---------------|---------------|
| 1      | Dinesh | Father   | 29/02/1960    | 2500.00        | Married        | 6545465445    | test          |

### **Declaration:**

I hereby declare that the information provided in this application is true, complete, and correct to the best of my knowledge. I understand that in case any discrepancy or false information is identified at any stage, it may lead to the immediate cancellation of any benefits provided to me, and I shall be solely responsible for the consequences thereof.

### **घोषणा:**

मैं यह घोषणा करता/करती हूँ कि इस आवेदन में दी गई जानकारी मेरी जानकारी के अनुसार सही और सत्य है। मैं यह समझता/समझती हूँ कि यदि किसी भी स्तर पर कोई विसंगति या गलत जानकारी पाई जाती है तो इसके परिणामस्वरूप मुझे प्रदान की गई किसी भी लाभ को तत्काल प्रभाव से रद्द किया जा सकता है, और मैं इसके लिए पूरी तरह से जिम्मेदार होऊंगा/होऊंगी।

Sample Form