



## **Department Of School Education,**

## Karnataka

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# **Compassionate Ground**

# **User Manual**





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CG PreliminaryApplication	Submission	3
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### CG PreliminaryApplication Submission

Load the School Education Website

https://sts.karnataka.gov.in/CGApplication/login/CGLogin/

- The Applicant first Click on Compassionate Ground Application link, after that open the Application, first page.
- The Applicant as to provide information in Preliminary Application.

Depa	artment of School Education, Karnataka Compassionate Ground	
	Login Username	
	Password © forgot Password? Captcha 86534 °C • English O Kannada Login	Click here and applying
	Click here to apply Preliminary Application	for Preliminary Application

Click on the Preliminary application link, to open the Application Form



Back to Login Note: The application should be filed within 1 year only from	a the date of death of the government servant.	
	PRELIMINARY APPLICATION FORM	
<ol> <li>DECEASED EMPLOYEE DETAILS</li> </ol>		
KGID Number * :	Name * :	
Designation * :	Division * :	
District * :	Block * :	
Last Working School/Office * :	Death date * :	
	dd/mm/yyyy	
Residential Address * :		
(II) APPLICANT DETAILS		
(II) APPLICANT DETAILS Name (English)*:	Narme (Kannada) * :	
(II) APPLICANT DETAILS Name (English)*: Date of Birth*:	Name (Kannada) * : Age * :	
(II) APPLICANT DETAILS Name (English) * : Dute of Birth * : dd/mm/yyyy	Name (Kannada) * : 	
II) APPLICANT DETAILS Name (English) * : Date of Birth * : dd/mm/yyyy Gender * :	Name (Kannada) * : Age * : Deceased Employee Name * :	
II) APPLICANT DETAILS Name (English) * : Date of Birth * : dd/mm/yyyy Gender * :Select-	Name (Kannada) * : Age * : Deceased Employee Name * :	
II) APPLICANT DETAILS Name (English) * : Dute of Birth * : dd/mm/yyyy Gender * : -Select- Mobile No * :	Name (Kannada) * : Age * : Deceased Employee Name * : Alternate Mobile No :	
II) APPLICANT DETAILS Name (English) * : Dute of Birth * : dd/mm/yyyy Gender * : -Select- Mobile No * :	Name (Kannada) * : Age * : Deceased Employee Name * : Alternate Mobile No :	
II) APPLICANT DETAILS Name (English) * : Date of Birth * : dd/mmyyyy Gender * : -Select- Mobile No * : E. Relationship * :	Name (Kannada) * : Age * : Deceased Employee Name * : Alternate Mobile No : Caste * :	
II) APPLICANT DETAILS Name (English)*: Date of Birth*: dd/mmyyyy Gender*: -Select- Mobile No*: Relationship*: -Select-	Name (Kannada) * :         Age * ;         Deceased Employee Name * :         V         Alternate Mobile No :         Caste * :         V	
II) APPLICANT DETAILS Name (English)*: Date of Birth*: dd/mm/yyyy Gender*:Select- Mobile No*: Relationship*:Select- Physically challenged*:	Name (Kannada) * : Age * : Deceased Employee Name * : Atternate Mobile No : Caste * : Caste * : Caste * :	
II) APPLICANT DETAILS Name (English)*:  Date of Birth*:  dd/mm/yyyy Gender*: Select- Mobile No*:  Relationship*: Select- Physically challenged*:  Yes ● No	Name (Kannada)*: Age*: Decessed Employee Name*: Alternate Mobile No: Caste*: -Select-	· · · · · · · · · · · · · · · · · · ·
(II) APPLICANT DETAILS Name (English) * : Date of Birth * : dd/mm/yyyy Gender * :Seleer- Mobile No * :Relationship * :Seleer- Physically challenged*: Yes  No District * :	Name (Kannada)*: Age*: Deceased Employee Name*: Alternate Mobile No: Caste*: Select Hlock*:	
(II) APPLICANT DETAILS Name (English) *:  Date of Birth *:  dd/mm/yyyy Gender *: Select Mobile No *: Select Physically challenged*:  Yes  No District *: Select Physically challenged*:  Select	Name (Kannada)*: Age*: Deceased Employee Name*: Alternate Mobile No: Caste*: Block*: Block*:	
II) APPLICANT DETAILS Name (English) *: Date of Birth *: dd/mm/yyyy Gender *:Select Mobile No *: Relationship *:Select Physically challenged*: Yes • No District *:Select Permanent address *:	Name (Kannada) * : Age * : Deceased Employee Name * : Alternate Mobile No : Caste * : Select Block * : Residential address *:	
II) APPLICANT DETAILS Name (English) * : Date of Birth * : dd/mm/yyyy Gender * : -Select- Mobile No * : Relationship * : -Select- Physically challenged*: Yes • No District *: -Select- Permanent address *:	Name (Kannada) * : Age * : Deceased Employee Name * : Alternate Mobile No : Case * : -Select Block * : Residential address *:	
II) APPLICANT DETAILS Name (English) * : Date of Birth * : dd/mm/yyyy Gender * :Select Mobile No * : Relationship * :Select Physically callenged*: Yes • No District * :Select Permanent address *: SSLC Marks Card/Other Equivalent Marks Card/IC * :	Name (Kannada) * : Age * : Deceased Employee Name * : Alternate Mobile No : Caste * : -Select Block * : Residential address *: NOC From Family:	
II) APPLICANT DETAILS Name (English) * : Date of Birth * : dd/mm/yyyy Gender * :Select- Mebile No * :Select- Physically challenged*:Yes O No District *:Select- Permanent address *: SSLC Marks Card/Other Equivalent Marks Card/TC * : Choose File No file chosen	Name (Kannada) * : Age * : Deceased Employee Name * : Alternate Mobile No : Caste * : Caste * : Ellock * : Residential address *: NOC From Family: NoC From Family: Choose File No file chosen	

The applicant should enter Deceased Employee KGID No. the entered KGID's data will be auto fetched in the application form including Nominee details as per EEDS software.



COMPASSIONATE	GROUND	APPOINTMENT
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Back to Login Note: The application should be filed within 1 year only from the date of death of the generative of the state of the sta	APPLICATION FORM
(I) DECEASED EMPLOYEE DETAILS	
KGID Number * :	Name * :
2292133 Enter the KGID No	KAVITHA SANJEEVA POOJARA
Designation * :	Division * :
Primary school teachers (PST)	MYSORE
District * :	Block * :
UDUPI (2916)	KARKALA(291601)
Last Working School/Office * :	Death date * :
GHPS NITTE - NITTE(29160103205)	05/08/2024
Residential Address * :	
W/O sri Ganesha, Ananatha Lacchi Nilaya, Parampally Post and Village, Braha	mavara TQ, Udupi District- 576225.

Enter the applicant details as per application form.

For exmaple Applicant Name, Age, DOB, Relationship etc

After filling the applicant details, then upload all the necessary documents in the form (JPEG,PNG,GIF,JPG) or PDF and note that the file size should be less than 2 MB.

Documents details are as mentioned below:

- 1. SSLC Marks Card/Other Equivalent Card/TC
- 2. NOC From Family(Not Mandatory)
- 3. Birth Certificate/Any of the Acceptable Certificate
- 4. If applicant is Physically Challenged, they should upload the "Type of Disability" document.



#### (II) APPLICANT DETAILS

l the form	and upload the	e relevant docum	ients a	nd		
n case of any query	regarding this application,	kindly contact GHPS NITTE -	NITTE (29 Note	160103205) - UDUPI KARKALA - nlease unload attachment is an image ( nit	GPEG, PN Application Submit Butto	n
2	rahul	son		13-08-2024	Male	
1	jay	cousin		08-08-2024	Male	
Sr No.	Name	Relation		Date of Birth	Gender	
Choose File No fil II) NOMINI	e chosen BE DETAILS AS I	PER SR/EEDS				
irth certificate/Any	Of The Acceptable Certificat	e*:				
Choose File No fil	e chosen	··· ·		Choose File No file chosen		
E block Rajajinagar.	2nd stage	IC * ·	11	E block Rajajinagar 2nd stage		
ermanent address *: #2149 8th A main o	nad		÷	residential address *:		
Select			~	Desidential address *		```
District * :				Block * :		
) Yes 💿 No						
Married Daughter	*.		~	General		
elationship * :				Caste * :		
8667742232				9987712344		
lobile No * :				Alternate Mobile No :		
Female			~	KAVITHA SANJEEVA POOJARA		
ender * :				Deceased Employee Name * :		
5/05/2005				19		
ate of Birth * :				Age*:		





The submitted application will be sent to deceased employee's last worked department admin for preliminary application approval.

esigned by lct Infracor

- The login details will be share to applicant's registered mobile number after approval of respective office admin."
- If the applicant is from Bangalore Division, it will generated as "2024BAN0001" & from Mysore Division "2024MYS0002"

If selects "Cancel" Preliminary Application will not be Submitted.