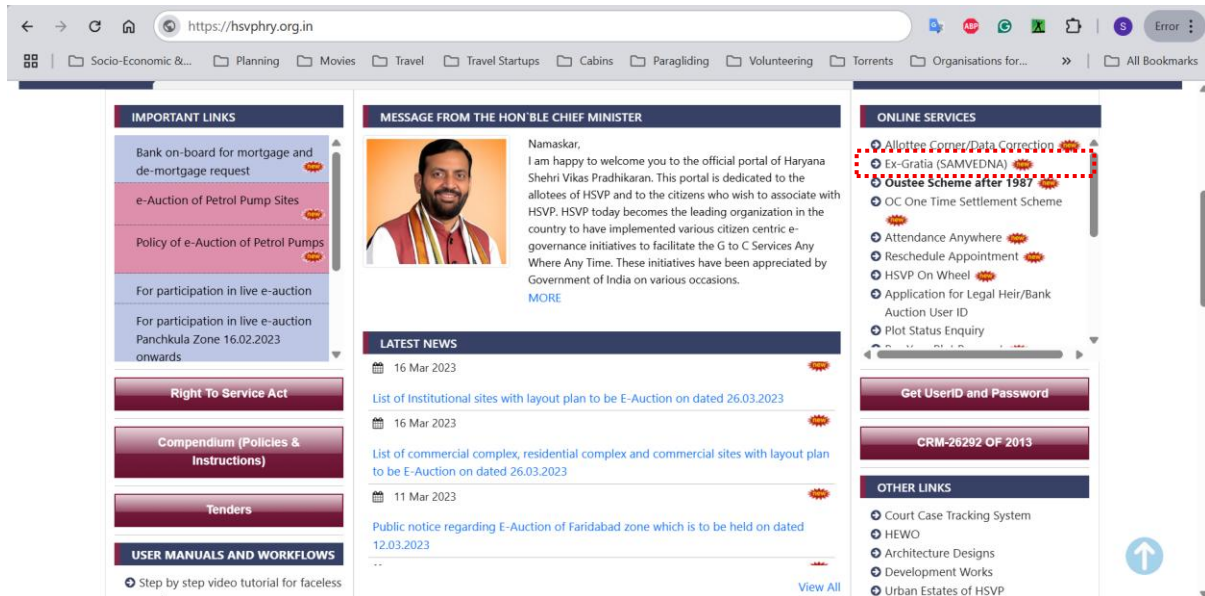


# User Manual for the HSVP's Ex-Gratia Portal

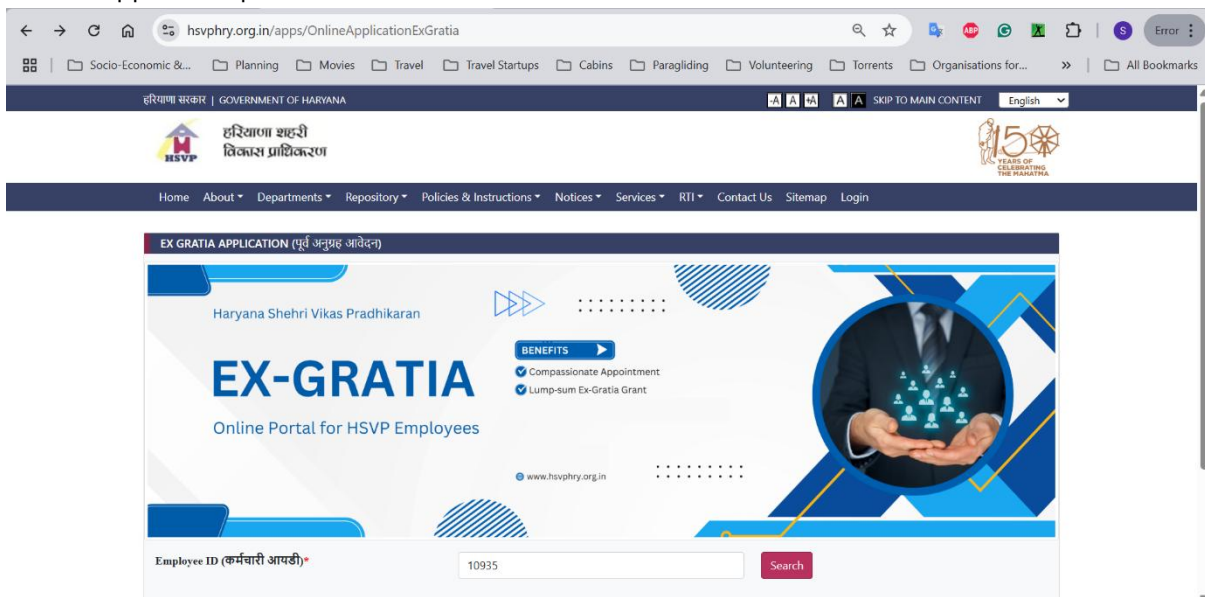
## Step 1: Click on Ex-Gratia (SAMVEDNA)

- 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 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.
- These details include the name of the deceased employee, date of birth, date of joining, designation, last drawn basic pay, DDO name, and the associated urban estate.

Employee ID (कर्मचारी आयडी)*	<input type="text" value="10935"/>	<input type="button" value="Search"/>
------------------------------	------------------------------------	---------------------------------------

EMPLOYEE DETAILS :			
Name of the Deceased/Missing Govt Employee (मृत/लापता सरकारी कर्मचारी का नाम)*	<input type="text" value="RAKESH KUMAR"/>	Date of Birth of the Deceased/Missing Govt Employee (मृत/लापता सरकारी कर्मचारी की जन्म तिथि)*	<input type="text" value="14/07/1981"/>
Date of Joining of the Deceased/Missing Govt Employee (मृत/लापता सरकारी कर्मचारी के कार्यभार ग्रहण करने की तिथि)*	<input type="text" value="30/01/2014"/>	Designation/Post last held (पदनाम/पद अंतिम बार धारित)*	<input type="text" value="SYSTEM OFFICER"/>
Last drawn basic pay (अंतिम आहरित मूल वेतन)*	<input type="text" value="68000"/>	Urban Estate (शहरी संपदा)*	<input type="text" value="UE020-Panchkula"/>
DDO Name (आहरण एवं संवितरण अधिकारी)*	<input type="text" value="CHIEF CONTROLLER OF FINANCE HSVI"/>		

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

- Details of the family member eligible for compensation will be collected, including their name, educational qualifications, residential address, contact information, and bank account details.
- 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 COMPANSION/JOB (साथी/नौकरी के लिए पात्र परिवार के सदस्य की पूरी जानकारी) :							
Name (नाम)*	<input type="text" value="Enter Name"/>	Heighest Education Qualification (उच्चतम शिक्षा योग्यता)*	<input type="text" value="Enter Education Qualification"/>				
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"/>	Email ID (ईमेल आईडी)*	<input type="text" value="Enter Email"/>				
Realtion 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 Employee in any department under state govt (यदि राज्य सरकार के अधीन किसी भी विभाग में कर्मचारी है)*	<input type="text" value="Select One"/>						
Whether suffering from any disease or Physically handicapped (चाहे वह किसी बीमारी से पीड़ित हो या शारीरिक रूप से विकलांग हो)*	<input type="text" value="Select One"/>						
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" value=""/>		Re-enter Bank Account Number (बैंक खाता संख्या)* <input type="text" value=""/>				
DETAIL INFORMATION REGARDING DEPENDENT & DECEASED/DISAPPERED GOVT EMPLOYEE (आश्रित एवं मृत/गायब सरकारी कर्मचारी के संबंध में विस्तृत जानकारी) :							
	Name (नाम)	Relation (रिश्ता)	Date Of Birth (जन्म तिथि)	Monthly Income (मासिक आय)	Marital Status	Mobile Number (मोबाइल नंबर)	Details of moveale/imu properties (संपत्तियों का हिस्सा)
<input type="button" value="Delete"/>	<input type="text" value=""/>	<input type="text" value="Select One"/>	<input type="text" value="dd/mm/yyyy"/>	<input type="text" value=""/>	<input type="text" value="---Select---"/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="button" value="Add"/>							

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

- The applicant is required to submit supporting documents, including the Aadhaar card, Ration Card, Bank Passbook, Affidavit, Educational Certificates, 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/FIR in case of missing (मृत होने की स्थिति में मृत्यु प्रमाण पत्र/एफआईआर अपलोड करें): \*

Choose FileNo file chosen

2.Aadhar (आधार) (Max 500 KB): \*

Choose FileNo file chosen

3.Ration card (राशन कार्ड) (Max 500 KB): \*

Choose FileNo file chosen

4.Bank passbook copy (बैंक पासबुक कॉपी): (Max 500 KB) \*

Choose FileNo file chosen

5.Affidavit (शपथ पत्र): (Max 500 KB) \*

Choose FileNo file chosen

6.Marksheet/Degree certificate of highest educational qualification (उच्चतम शैक्षणिक योग्यता की मार्कशीट/डिग्री प्रमाण पत्र):(Max 500 KB) \*

Choose FileNo file chosen

7. Supporting Documents (सहकारी दस्तावेज़): \*

Choose FileNo 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 अपने सभी 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/स्वीकार करती हूँ।)

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