



राजस्थान सरकार
राष्ट्रीय स्वास्थ्य मिशन, राजस्थान
निदेशालय चिकित्सा, स्वास्थ्य एवं परिवार कल्याण सेवाएं, स्वास्थ्य भवन, तिलक मार्ग, सी-स्कीम,
जयपुर, राजस्थान फोन नं० 0141-2220963, ई-मेल: co.asha_nrhm@yahoo.com

क्रमांक: एफ21()/एनएचएम/आशा/सामान्य/2020-21/ 209

दिनांक: 21/8/2020

मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी,
समस्त जिले, राजस्थान।

विषय:- Covid-19 के दौरान आशा सहयोगिनी की मृत्यु की सूचना के संबंध में।

उपरोक्त विषयान्तर्गत लेख है कि आपके जिले में कोविड-19 महामारी के दौरान कोविड से सम्बन्धित कार्य करते हुये आशा सहयोगिनी की मृत्यु की सूचना संलग्न प्रपत्र में दिनांक 25.08.2020 तक ई-मेल आईडी **co.asha_nrhm@yahoo.com** पर एक्सल शीट में उपलब्ध कराये। इसके साथ ही स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार, नई दिल्ली द्वारा जारी दिशा निर्देशानुसार "Insurance Scheme for Health Workers Fighting Covid-19" स्कीम के अन्तर्गत आशा सहयोगिनियों को देय क्षतिपूर्ति राशि रू० 50.00 लाख के सम्बन्ध में की गई कार्यवाही से अद्योहस्ताक्षरकर्ता को अवगत करवाना सुनिश्चित करें।

संलग्न:- उपरोक्तानुसार।

निदेशक (आरसीएच)

प्रतिलिपी निम्न को सूचनार्थ प्रेषित है:-

1. निजी सचिव, मिशन निदेशक, एनएचएम एवं विशिष्ट शासन सचिव, चिकित्सा एवं स्वास्थ्य विभाग, राजस्थान सरकार जयपुर।
2. निजी सहायक, निदेशक-आरसीएच।
3. राज्य नोडल अधिकारी, आशा।
4. जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी समस्त जिले।
5. जिला कार्यक्रम प्रबंधक, समस्त जिला।
6. समस्त जिला आशा समन्वयक को प्रेषित कर लेख है कि उक्त सूचना भिजवाना सुनिश्चित करें।
7. सर्वर रूम, एनएचएम।

राज्य नोडल अधिकारी (आशा)

राजस्थान सरकार
राष्ट्रीय स्वास्थ्य मिशन
चिकित्सा स्वास्थ्य एवं परिवार कल्याण
निदेशालय एनएचएम, स्वास्थ्य भवन, सी-स्कीम, तिलक मार्ग, जयपुर

क्रमांक एफ.20 (271) एनएचएम/एचआर/कोविड-19/2020/848

दिनांक 11-04-2020

समस्त जिला कलक्टर
समस्त संयुक्त निदेशक, जोन
समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी
समस्त प्रमुख चिकित्सा अधिकारी
राजस्थान।

विषय:- प्रधानमंत्री गरीब कल्याण पैकेज के अन्तर्गत Insurance Scheme For Health Workers Fighting Covid-19, की क्रियान्विति के संबंध में।

संदर्भ:- अपर सचिव एवं मिशन निदेशक, एनएचएम, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अर्द्ध शासकीय पत्र क्रमांक D.O.No. F.NO. Z-18016/1/2020/PMGKP-NHM II दिनांक 03.04.2020

उपरोक्त विषयान्तर्गत अपर सचिव एवं मिशन निदेशक, एनएचएम, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अर्द्ध शासकीय पत्र क्रमांक D.O.No. F.NO. Z-18016/1/2020/PMGKP-NHM II दिनांक 03.04.2020 की प्रति संलग्न कर लेख है कि प्रधानमंत्री गरीब कल्याण पैकेज के अन्तर्गत प्रधानमंत्री गरीब कल्याण पैकेज के तहत Insurance Scheme For Health Workers Fighting Covid-19, योजना के अन्तर्गत प्रदेश के समस्त सरकारी अस्पतालों एवं चिकित्सा संस्थानों एवं चिकित्सा विभाग के कार्यालयों में कार्यरत समस्त चिकित्सा कर्मी एवं अन्य कार्मिक (राजकीय/संविदा/एजेन्सी कार्मिक, एम्बुलेंस कार्मिक, आशा कार्मिक एवं अन्य कार्मिक) जो कि प्रत्यक्ष एवं अप्रत्यक्ष रूप से Covid-19 की रोकथाम एवं चिकित्सा कार्य में सम्मिलित रहे हैं, उन्हें इस विशेष बीमा योजना का लाभ दिये जाने का प्रावधान किया गया है।

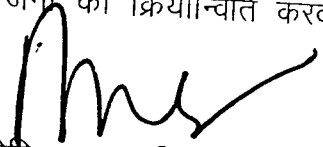
उक्त योजना के अनुसार कोई भी चिकित्सा कार्मिक जो Covid-19 से संक्रमित मरीजों से संबंधित किसी भी प्रकार के विभागीय कार्य/ड्यूटी निष्पादित करते समय संक्रमित हो जाता है एवं इससे कार्मिक की मृत्यू होने पर क्लेम फार्म प्रथम (संलग्न) के द्वारा उन्हें रू 50.00 लाख (रुपये पचास लाख) की क्षतिपूर्ति की जायेगी।

इसी क्रम में उक्त योजना के अनुसार कोई भी चिकित्सा कार्मिक जो Covid-19 से संक्रमित मरीजों से संबंधित किसी भी प्रकार के विभागीय कार्य/ड्यूटी निष्पादित करते समय दुर्घटना हो जाने के उपरांत मृत्यू होने पर क्लेम फार्म द्वितीय (संलग्न) के द्वारा उन्हें रू 50.00 लाख (रुपये पचास लाख) की क्षतिपूर्ति की जायेगी।

उक्त प्रपत्रों (प्रथम एवं द्वितीय) में इस योजना की पात्रता, वांछित दस्तावेजों की सूची तथा दावा प्रमाणीकरण प्राधिकार आदि का विवरण अंकित है।

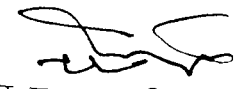
भारत सरकार द्वारा जारी उक्त बीमा योजना की क्रियान्विति के संबंध में राज्य के समस्त चिकित्सा संस्थानों एवं कार्यालयों में कार्यरत राजकीय/संविदा/एजेन्सी कार्मिक, एम्बुलेंस कार्मिक, आशा कार्मिक एवं अन्य कार्मिकों तक इस सूचना का प्रचार-प्रसार किया जाना है, ताकि Covid-19 महामारी से लड़ रहे स्वास्थ्य कर्मियों का मनोबल ऊँचा रहे।

अतः इस संबंध में निर्देशित किया जाता है कि भारत सरकार द्वारा जारी दिशा-निर्देशों के अनुरूप समस्त संबंधित कार्यालय/विभाग द्वारा उक्त बीमा योजना की क्रियान्विति करवाने हेतु आवश्यक कार्यवाही किया जाना सुनिश्चित करावे।
संलग्न-उपरोक्तानुसार।


(रोहित कुमार सिंह)
अतिरिक्त मुख्य सचिव
चिकित्सा एवं स्वास्थ्य विभाग
राजस्थान सरकार

प्रतिलिपि निम्न को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित है:-

1. विशिष्ट सहायक, मा0 मंत्री/राज्यमंत्री, चिकित्सा एवं स्वास्थ्य विभाग, जयपुर।
2. निजी सचिव, अतिरिक्त मुख्य सचिव, चिकित्सा एवं स्वास्थ्य विभाग, जयपुर।
3. निजी सचिव, शासन सचिव, चिकित्सा स्वास्थ्य विभाग एवं मिशन निदेशक, एनएचएम।
4. संयुक्त सीईओ बीएसबीवाई एवं अतिरिक्त मिशन निदेशक, एनएचएम, जयपुर।
5. संयुक्त शासन सचिव (ग्रुप-2/3/एनएचएम), चिकित्सा एवं स्वास्थ्य विभाग, जयपुर।
6. परियोजना निदेशक, एनएचएम, जयपुर।
7. निदेशक-जनस्वास्थ्य/आरसीएच/आईईसी/एड्स, मुख्यालय, जयपुर।
8. निदेशक, वित्त, एनएचएम, जयपुर।
9. औषधि नियन्त्रक, चिकित्सा एवं स्वास्थ्य सेवाएं, जयपुर।
10. अतिरिक्त निदेशक-प्रशासन, राजपत्रित, ग्राम स्वास्थ्य, चिकित्सा प्रशासन, जयपुर।
11. नियन्त्रक/अधीक्षक, मेडिकल कॉलेज, सैटेलाइट चिकित्सालय, राजस्थान।
12. मुख्य अभियन्ता, (सिविल), एनएचएम जयपुर।
13. राज्य कार्यक्रम प्रबन्धक, एनएचएम, जयपुर।
14. स्टेट नोडल अधिकारी-(NMHP, NPHCE, NTCP, NPCDCS, NPPCD, NOHP, NPPCI, NPCB, RNTCP, NIEP, NVBDCP, IDSP, NIDDCP) एनएचएम जयपुर।
15. संयुक्त निदेशक (प्रशिक्षण), चिकित्सा एवं स्वास्थ्य सेवाएं, जयपुर।
16. अनुभाग अधिकारी-एचआर, एनएचएम, जयपुर।
17. मुख्य सार्वजनिक विश्लेषक, जनस्वास्थ्य प्रयोगशाला, समस्त, राजस्थान।
18. उप मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी (हेल्थ), समस्त जिले।
19. समस्त जिला कार्यक्रम प्रबन्धक/जिला लेखा प्रबंधक, /डोपीएम-वर्तिकल कार्यक्रम, एनएचएम, डोपीएम-वर्तिकल प्रोग्राम, एनएचएम, समस्त जिले।
20. ब्लॉक मुख्य चिकित्सा अधिकारी, समस्त ब्लॉक, राजस्थान।
21. प्रभारी सर्वर रूम, कौ वास्ते ई-मेल हेतु।
22. रक्षित पत्रावली।


विशिष्ट शासन सचिव
चिकित्सा, स्वास्थ्य एवं प0क0 विभाग
एवं मिशन निदेशक, एनएचएम
राजस्थान सरकार

Declaration By GOI	Status of Execution of Package in State Government	Similiar/ Better Steps taken by State Government	Remarks (If any)
1. Health Department			
<p>Safai Karamcharis, ward-boys, nurses, ASHA workers, Paramedics, technician, Doctors and Specialists and Other health workers would be covered by a Special Insurance Scheme.</p> <p>All government health centers, wellness centers and hospitals of Center as well as States would be covered under this Scheme approximately 22 lakhs health workers would be provided insurance cover to fight this pandemic.</p> <p>Any health professional, who while treating COVID-19 patients, meet with some accident, then he/she would be compensated with an amount of Rs 50 Lakhs under the scheme.</p>	<p>With refrence to DO letter dated 03-04-2020 from GOI, instruction issued via letter no. 848 dated 11-04-2020 to All Distict Collector's, Joint Director Zone, CMHO'S, PMO'S and State Controlling officers. (Copy Attached)</p>		



प्रति सचिव



भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011

Government of India

Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110011

वन्दना गुरनानी, भा.प्र.स. (आ.प्र.स.)
Vandana Gurnani, I.A.S.

अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)
Additional Secretary & Mission Director (NHM)

D.O. No. F.No. Z-18016/1/2020/PMGKP-NHM II

Dated 03rd April 2020

Dear All,

In continuation of letters by Secretary, MoHFW (D.O. No. Z.21020/16/2020-PH, dated 30th March 2020), addressed to all the Chief Secretaries/Administrators of the States/UTs and the Heads of all the Associations of Doctors/Healthcare providers regarding 'Pradhan Mantri Garib Kalyan Package: Insurance Scheme for Health Workers Fighting COVID-19', you are requested to kindly inform all such health care providers through various mediums like SMS, whatsapp, e-mail etc. in local language about their inclusion under Pradhan Mantri Garib Kalyan Package : Insurance Scheme for Health Workers Fighting COVID-19 in line with the enclosed order regarding this scheme.

The claim Form-I (Personal Accident Insurance Claim Form for loss of life due to COVID19) and Form-II (Personal Accident Insurance Claim Form for accidental loss of life on account of COVID-19 related duty) for the above scheme detailing the procedure, claim certifying authority and documents to be submitted along with claim form, is also attached for your reference and disbursal.

I request you to give more publicity to this initiative to instill a sense of security among healthcare providers. In case of any clarifications, Dr. Manohar Agnani, JS (RCI) may be contacted by the States / UTs at agnanim@ias.nic.in.

with warm regards

Yours Sincerely,

(Vandana Gurnani)

1. Additional Chief Secretary / Principal Secretary / Secretary- Health, All States / UTs
2. Mission Directors, National Health Mission, All States / UTs

स्वच्छ भारत-स्वस्थ भारत

Tel : 011-23063693 Telefax : 011-23061398 E-mail : vandana.g@ias.nic.in

FORM-II:

Personal Accident Insurance Claim Form for accidental loss of life on account of COVID-19 related duty



The New India Assurance Company Limited

Regd. & Head Office : New India Assurance Bldg., 87, Mahatma Gandhi Road, Fort, Mumbai - 400 001.

The issuance of this form is not to be taken as an admission of Liability

Personal Accident Insurance Claim Form (Particulars of Accident)

Policy No. _____

TO BE COMPLETED BY THE CLAIMANT

Name of the Insured: Secretary, Ministry of Health and Family Welfare, Government of India, New Delhi

1. Details of Deceased who died in the accident :

- (a) Full name (Ms./Mr.) _____
- (b) Father's name _____
- (c) Age at last birthday _____
- (d) Sex _____
- (e) Address _____
- (f) Profession/occupation _____

2.	(a) Date of the accident (b) Time of accident (c) Place of accident	
3.	FIR Number :	
4.	(a) Date and Time of Death (b) Has Post-mortem been conducted	
5.	Name and Relationship of the claimant with the deceased	

1. DOCUMENTS TO BE SUBMITTED ALONG WITH CLAIM FORM

- I. Identity proof of Deceased (Certified copy)
- II. Identity proof of the Claimant (Certified copy)
(Must fulfil clause 3 of this Form)
- III. Proof of relationship between the Deceased and the Claimant (Certified copy)
- IV. Death summary by the Hospital where death occurred (in case death occurred in hospital) (Certified copy).
- V. Death Certificate (in Original)
- VI. Post-mortem Report (Certified copy)
- VII. Cancelled Cheque (desirable) (in Original)
- VIII. FIR (Certified copy)
- IX. Certificate by the Healthcare Institution/ organization/ office, as under:

A. Those employees (Regular/Adhoc/Contractual/Daily Wagers/retired Government Officials/ Private individuals) engaged by-

- Health care facilities of Central/State/UT Governments/ Urban Local Bodies
- Autonomous / PSU hospitals of Central/State / UT Government, AIIMSs, INIs and Hospitals of Central Ministries.

- (i) Certificate of employment/engagement by the Head of Institution/ organization/office indicating that the Deceased was an employee of/engaged by the Institution.
- (ii) Certify and submit proof that the deceased had accidental loss of life on account of COVID-19 related duty.

B. Private healthcare Institution:

- (i) Certificate of Employment by the Director / Medical Superintendent / Head of the Institution.
- (ii) Certify and submit proof that the deceased had accidental loss of life on account of COVID-19 related duty.

C. Private person engaged by the Health Care Institutions / Organisations (both public and private) through an Agency:

- (i) Certified copy of the document indicating that the services of the Agency were engaged by the Institution / Organisation.
- (ii) Proof of engaging the services of individual by the Agency.
- (iii) Certify and submit proof that the deceased had accidental loss of life on account of COVID-19 related duty.

D. Community Health Workers (ASHAs and ASHA Facilitators)

- (i) Certificate of engagement as ASHA/ASHA Facilitator provided by the Medical Officer of Primary Health Centre (PHC).
- (ii) Certificate by Medical Officer of Primary Health Centre (PHC) that

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ASHA/ASHA Facilitator had accidental loss of life on account of COVID-19 related duty.

E. Volunteer drafted for COVID 19 related responsibilities by the Government officials authorized by the State/UT Government.

- i. Proof of engaging the services of individual by the Government officials authorized by the State/UT Government.
- ii. Certify and submit proof that the deceased had accidental loss of life on account of COVID-19 related duty.

2. CLAIM CERTIFYING AUTHORITY

2.1 Claims related to a particular State/UT would be certified and forwarded by the Director General Health Services /Director Health Services/ Director Medical Education or any other Official specifically authorised by the State/UT Government for this purpose.

2.2 Claims related to health care facilities of Central Government, Central Autonomous / PSU Hospitals, AIIMS, INIs and Hospitals of other Central Ministries, would be certified and forwarded by Director or Medical Superintendent or Head of the concerned institution.

3. CLAIMANT

3.1 In cases where the deceased was a Govt. servant (both serving and retired) of Central and State, or employee of Urban Local Body, insurance claim to be submitted by a person appointed as nominee for Death cum Retirement Gratuity (DCRG) as per service record of the deceased and is to be certified by the concerned office.

3.2 For others, who are not covered under 3.1, are to be governed by the priority list as being followed for deciding Railway accident claims.

4. CLARIFICATION

In case of any clarification on matter of interpretation, the decision of Ministry of Health and Family Welfare, Government of India shall be final.

6. Electronic Clearing Service (ECS) Details of the Claimant:

6.1	Name of the Claimant (as per the Bank Account)	
6.2	Relationship with the Deceased	
6.3	Bank Name	
6.4	Branch and address	
6.5	Bank Account No.	
6.6	Bank Account Type	
6.7	IFSC Code	
6.8	MICR Code	

I, _____ hereby declare that the foregoing statements are true in all respect and that I, the claimant have not attempted to conceal from the Company anything which it ought to be made acquainted. I, agree that if I have made, or in any further declaration the Company may require, shall make any false or fraudulent statement or any suppression, concealment or untrue averment whatever, the Policy shall be void and my right to compensation forfeited and am willing, if required to make a Statutory Declaration before a Justice of the Peace of the truth of the whole of the foregoing statement or any other statement I, may make a connection with this claim.

I also declare that the Deceased Person met with the accident while engaging in the work of attending to the patients suffering from Corona Virus (COVID 19).

	Claimant	Witness
Name :		
Address :		
Contact number :		
Date:		
Signature:		

Place and Date:

Signature of the Claimant

D.O. No. F.No. Z-18016/1/2020/PMGKP-NHM II

: 2 :

Copy to the following Joint Secretaries to provide necessary instructions to concerned hospitals / institutions:

1. JS (Sunil Sharma) - All India Institute of Medical Sciences (AIIMS) across State/s, Post Graduate Institute of Medical Education & Research (PGIMER – Chandigarh), Jawaharlal Institute of Post Graduate Medical Education & Research (JIIPMER, Puducherry), Hospitals or other Medical Colleges under Pradhan Mantri Swasthya Suraksha Yojna (PMSSY) and any other hospitals under other ministries.
2. JS (Alok Saxena) - CGHS (Central Government Health Scheme).
3. JS (Dr. Nipun Vinayak) – Institutions of Raj Kumari Amrit Kaur College of Nursing, Mahatma Gandhi Institute of Medical Sciences (MGIMS), Sevagram, Maharashtra, Lady Reading Health School Delhi, Gandhigram Institute of Rural Health and Family Welfare Trust (GIRHFWT).
4. JS (Gayatri Mishra) - Hospitals (RML & PGIMER/ Safdarjung Hospitals and Vardhaman Mahavir Medical College , Lady Hardinge Medical College and Kalawati Saran Children Hospitals, Chandigarh and other regional institutions.


(Vandana Gurnani)

FORM-I:

Personal Accident Insurance Claim Form for loss of life due to COVID19



The New India Assurance Company Limited

Regd. & Head Office: New India Assurance Bldg., 87, Mahatma Gandhi Road, Fort, Mumbai - 400 001.

The issuance of this form is not to be taken as an admission of Liability

Personal Accident Insurance Claim Form (Particulars of Accident)

Policy No. _____

TO BE COMPLETED BY THE CLAIMANT

Name of Insured: Secretary, Ministry of Health and Family Welfare, Govt. of India, New Delhi

1. Details of Deceased Person who died due to COVID-19

- (a) Full name (Ms./Mr.) _____
- (b) Father's name _____
- (c) Age at last birthday _____
- (d) Sex _____
- (e) Address _____
- (f) Profession/occupation _____

2.	(a) Date and Time of Death:	
	(b) Date of Laboratory diagnosis of COVID19	

3. Electronic Clearing Service (ECS) Details of the Claimant:

3.1	Name of the Claimant (as per the Bank Account)	
3.2	Relationship with the Deceased	
3.3	Bank Name	
3.4	Branch and address	
3.5	Bank Account No.	
3.6	Bank Account Type	
3.7	IFSC Code	
3.8	MICR Code	

I, _____, hereby declare that the foregoing statements are true in all respect and that I, the claimant, have not attempted to conceal from the Company anything which it ought to be made acquainted. I agree that if I have made, or in any further declaration the Company may require, shall make any false or fraudulent statement or any suppression, concealment or untrue averment whatever, the claim shall be void and my right to compensation forfeited and am willing, if required to make a Statutory Declaration before a Justice of the Peace of the truth of the whole of the foregoing statement or any other statement I, may make a connection with this claim.

	Claimant	Witness
Name:		
Address:		
Contact number:		
Date:		
Signature:		

Place and Date:

Signature of the Claimant

(4)

1. DOCUMENTS TO BE SUBMITTED ALONG WITH CLAIM FORM

- I. Identity proof of Deceased (Certified copy)
- II. Identity proof of the Claimant (Certified copy)
(Must fulfil clause 3 of this Form)
- III. Proof of relationship between the Deceased and the Claimant (Certified copy)
- IV. Laboratory Report certifying having tested Positive for COVID-19 (in Original or Certified copy)
- V. Death summary by the Hospital where death occurred (in case death occurred in hospital) (Certified copy).
- VI. Death Certificate (in Original)
- VII. Certificate by the Healthcare Institution/ organization/ office, as under:
 - A. Those employees (Regular/Adhoc/Contractual/ Daily Wagers/ retired Government Officials/ Private individuals) who may have to be in direct contact and care of COVID 19 patients engaged by-
 - Health care facilities of Central/State/UT Governments/Urban Local Bodies.
 - Autonomous/PSU hospitals of Central/State/UT Government, AIIMSs, INIs and Hospitals of Central Ministries
 - (i) Certificate of employment/engagement by the Head of Institution/ organization/office indicating that the Deceased was an employee of/engaged by the Institution.
 - (ii) Certify and submit proof that the deceased was deployed/drafted for care and may have come in direct contact of the COVID-19 patient.
 - B. Private healthcare Institution:
 - (i) Certificate of Employment by the Director / Medical Superintendent / Head of the Institution.
 - (ii) Certify and submit proof that the deceased was deployed/drafted for care and may have come in direct contact of the COVID-19 patient.
 - C. Private person engaged by the Health Care Institutions / Organisations (both public and private) through an Agency:
 - (i) Certified copy of the document indicating that the services of the Agency were engaged by the Institution / Organisation.
 - (ii) Proof of engaging the services of individual by the Agency.
 - (iii) Certify and submit proof that the deceased was deployed/drafted for care and may have come in direct contact of the COVID-19 patient.

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D. Community Health Workers (ASHAs and ASHA Facilitators)

- (i) Certificate of engagement as ASHA/ASHA Facilitator provided by the Medical Officer of Primary Health Centre (PHC).
- (ii) Certificate by Medical Officer of Primary Health Centre (PHC) that ASHA/ASHA Facilitator was drafted for work related to COVID-19.

E. Volunteer drafted for COVID 19 related responsibilities by the Government officials authorized by the Central/State/UT Government.

- i. Proof of engaging the services of individual by the Government officials authorized by the State/UT Government.
- ii. Certify and submit proof that the deceased was drafted for care and came in direct contact of the COVID-19 patient.

2. CLAIM CERTIFYING AUTHORITY

2.1 Claims related to a particular State/UT would be certified and forwarded by the Director General Health Services /Director Health Services/ Director Medical Education or any other Official specifically authorised by the State/UT Government for this purpose.

2.2 Claims related to health care facilities of Central Government, Central Autonomous / PSU Hospitals, AIIMS, INIs and Hospitals of other Central Ministries, would be certified and forwarded by Director or Medical Superintendent or Head of the concerned institution.

3. CLAIMANT

3.1 In cases where the deceased was a Government servant (both serving and retired) of Central and State, or employee of Urban Local Body, insurance claim has to be submitted by a person appointed as nominee for Death cum Retirement Gratuity (DCRG) as per service record of the deceased and is to be certified by the concerned office.

3.2 For others, who are not covered under 3.1, they are to be governed by the priority list as being followed for deciding Railway accident claims.

4. CLARIFICATION

In case of any clarification on matter of interpretation, the decision of Ministry of Health & Family Welfare, Government of India shall be final.
