ORDER: 155

In pursuance of Hon’ble Supreme Court Judgment in W.P. (C) No. 539 & 554 of 2021, the National Disaster Management Authority (NDMA), Government of India has issued guidelines for Ex-Gratia Assistance to next of kin of the Deceased by COVID-19 vide Letter No.16/11/20-21 dated 11/09/2021 and recommended an amount of Rs 50,000/- (Rupees Fifty thousand) per deceased person including those involved in relief operations or associated in preparedness activities of COVID-19 subject to cause of death certified as COVID-19 and the said ex-gratia assistance shall be paid from the State Disaster Response Fund (SDRF).

Accordingly, in compliance with the above guidelines and with the approval of the State Disaster Management Authority, the following are ordered:

a) The Deputy Commissioners of South Andaman, North & Middle Andaman and Nicobar District shall act as Disbursement Authority in their respective jurisdiction to disburse the ex-gratia assistance to the next of kin of deceased by COVID-19, in accordance with the guidelines issued by the Ministry of Home Affairs (Annexure-B).

b) All application for ex-gratia will have to be submitted to the Deputy Commissioner of the District in the prescribed format (Annexure-A) along with specified documents including death certificate that certifies the cause of death to be COVID-19. All claims must be settled within 30 days of submission of the application and disbursed through Aadhaar linked Direct Benefit Transfer procedure.

c) The Chief Registrar /Registrar of Birth & Death/ CMO authorised by Chief Registrar, may issue Official Document relating to COVID death to the family member of the deceased, who died due to COVID-19, strictly in accordance with the Ministry of Health & Family Welfare and Indian Council of Medical Research Guidelines communicated by MOHFW vide letter No. C-18018/11/2021-DMCell dated 03/09/2021 (Annexure-C).
d) In case of any grievances with regard to certification of death, the applicant may submit representation to the District Grievance Redressal Committee, which is hereby constituted and notified for the 3 Districts with following composition:

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<th>North &amp; Middle Andaman</th>
<th>South Andaman</th>
<th>Nicobar</th>
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<td><strong>Assistant Commissioner</strong></td>
<td><strong>Additional District</strong></td>
<td><strong>Assistant Commissioner</strong></td>
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<td><em>(HQ), Mayabunder</em></td>
<td><em>Magistrate</em></td>
<td><em>(HQ), Car Nicobar</em></td>
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<td><strong>Medical Superintendent</strong></td>
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<td>Dr RP Hospital, Mayabunder</td>
<td>GBP, Port Blair</td>
<td>BJR Hospital, Car Nicobar</td>
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<td><strong>Chief Medical Officer</strong></td>
<td><strong>HOD, ANIIMS, Port Blair</strong></td>
<td><strong>Chief Medical Officer</strong></td>
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<td>Car Nicobar</td>
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<td><strong>Nodal Officer, COVID</strong></td>
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The District Grievance Redressal Committee shall be responsible (1) to address any grievances with regard to certification of death as prescribed in the MOHFW and ICMR Guidelines and (2) to propose necessary remedial measure, including issuance of amended official document of COVID-19 death after verifying facts in accordance with the aforesaid guidelines and in the letter and spirit of Hon'ble Supreme Court's Order dated 04/10/2021 in Misc. Application No. 1120/2021 in W.P.(C) No. 539 /2021.

The expenditure on payment of ex-gratia shall be met from Head of Account 2243.80.103.03.00.50 OC

This issues with the concurrence of Finance Department vide Principal Secretary (Finance)'s R.D. No. 5517 dated 12/10/2021 and with the approval of Competent Authority.

(Dr. V. Candavelou)
Commr.-cum-Secretary (DM)

To
1. The Deputy Commissioner, South Andaman / North & Middle Andaman / Nicobar District
2. The Additional District Magistrate, South Andaman
3. All Assistant Commissioners in N&M Andaman and Nicobar District
4. The Director of Health Services, A&N Administration, Port Blair
5. The Medical Superintendent, GBPH, Port Blair / Dr RP Hospital, Mayabunder / BJR Hospital, Car Nicobar
6. The Director, ANIIMS, Port Blair
7. The HOD (Medicine), ANIIMS, Port Blair
8. The Nodal Officer (COVID), Port Blair
9. The Director of Accounts & Budget, Port Blair
10. The Pay & Accounts Officer, Port Blair / Mayabunder / Car Nicobar

Copy to:

1. PS to Hon'ble Lt. Governor, Raj Niwas, Port Blair
2. PS to Chief Secretary, A&N Administration, Port Blair
3. PS to Principal Secretary (Finance), A&N Admn, Port Blair
ANDAMAN & NICOBAR ISLANDS DISASTER MANAGEMENT AUTHORITY

APPLICATION FORM
(For Ex-Gratia Assistance to the next of kin of the Deceased by COVID-19)

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
   d) Identity Proof: (ID Card)

2. Death Details:
   a) Date and Time of Death:
   b) Place of Death (Hospital / Home)
      (If Hospital, mention name of Hospital)
   c) Date of Laboratory diagnosis of COVID-19:

3. Details of COVID-19 infection:

4. Details of legal heirs / Claimant of the deceased:

5. Bank details of legal heirs / claimant:

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<th>Name of the Legal Heir / Claimant</th>
<th>Relationship with the Deceased</th>
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Declaration:
I, ________________ hereby declare that the foregoing statements are true in all respect and that I, the claimant, have not concealed / attempted to conceal from the A & N Administration anything which it ought to be made acquainted. I, agree that if I have made, any false or fraudulent statement or any suppression, concealment or untrue averments whatever in the foregoing statement or any other statement I, may make in connection with this claim, the claim shall be void and my right to compensation forfeited.

Place

Date: ____________________________

Signature of Claimant

Name: ____________________________

Address: ____________________________

Mobile No.: ____________________________
Terms & Conditions:

Following documents along with Application Form are to be submitted:

1. Identity proof of Deceased (Certified copy)
2. Identity proof of the Claimant (Certified copy)
3. Proof of relationship between the Deceased and the Claimant (Certified copy)
4. Laboratory Report certifying having tested Positive for COVID-19 (in Original or Certified copy)
5. Death summary by the Hospital where death occurred (in case death occurred in hospital)(Certified copy).
6. Death Certificate (in Original)
7. VII. Legal Heir Certificate

Guiding Principles for this assistance:

a) COVID-19 cases, for the purpose of this claim, are those which are diagnosed through a positive RT-PCR/Molecular Tests/RAT or clinically determined through investigations in a hospital/in-patient facility by a treating physician, while admitted in the hospital/in-patient facility.

b) Deaths occurring within 30 days from the date of testing or from the date of being clinically determined as a COVID-19 case, will be treated as deaths due to COVID-19 even if the death takes place outside the hospital / in-patient facility

c) A COVID-19 case, while admitted in the hospital / in-patient facility, and who continued as the same admission beyond 30 days and died subsequently, shall be treated as a COVID-19 death.

d) A family member of the deceased who committed suicide within 30 days from being diagnosed as Covid-19 positive shall also be entitled to avail the financial help / ex-gratia assistance as per Paragraph 11 (vi) of Hon'ble Supreme Court order dated 04/10/2021 in W.P (C) No. 539 of 2021

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