

GOVERNMENT OF ODISHA
FINANCE DEPARTMENT

No. FIN-CS3-PEN-0009-2020/ 22094 /F,

Date: 04.08.2020

RESOLUTION

Subject: COVID-19 Warrior Family Assistance for Government employees.

Government of Odisha in Notification No.1706/R&DM(DM), dated 13.3.2020 had declared COVID-19 as a State Disaster as per section 2(d) of Disaster Management Act, 2005 and authorised the Disaster Management authorities, State Executive Committee and the Public Authorities in the State to take such action under the Act as may be required for management of the said disaster.

As a measure of support to the personnel in active line of duty in fighting Covid-19 pandemic and commitment to the security and welfare of such personnel and their families, Government have decided to provide the following incentive package under the Odisha Civil Services (Compassionate Grant) Rules, 1964 in case of Government employees joining service as per GA & PG Department Circular Nos. 32010/Gen, dated 12.11.2013 and 1147/Gen, dated 17.1.2014 and not completed 6 years, who succumb to COVID-19 in line of duty under active deployment by the State authorities.

1. Spouse or eligible family member of the deceased Government shall be provided with COVID-19 Warrior Family Assistance at the rate of the last remuneration drawn/ due till the normal date of superannuation of the deceased Government servant, had he/ she remained alive.
2. The Collector or SP of the District, Municipal Commissioners or Commissioner of Police, authorised Officers of Health and Family Welfare Department or Special Relief Commissioner will certify the deployment. District level Medical Officer of Health and Family Welfare Department will certify cause of death of the Government servant in active line of duty to be COVID-19 infection.
3. The following conditions need to be satisfied for determination of active line of duty—
 - (i) That the Government employee was drafted by Government or by its authorized field formations to perform COVID-19 related duties/ responsibilities.
 - (ii) That he/ she succumbed to disease due to COVID-19 infection.
 - (iii) The COVID-19 infection should have occurred while in active line of duty and the employee should not be on leave from the duty.

Provided that if the Government employee is detected COVID-19 positive within 30 days of his/ her last day of COVID-19 related duty, it will be deemed that he/ she was infected during active line of duty. Authorised persons as mentioned at para-2 above need to certify that the person was on duty during the last 30 days when he/ she was found to be COVID-19 positive before his/ her demise.

4. On application by the spouse or eligible Family member with requisite documents, the DDO of the establishment of the deceased Government employee last worked or any other Office of the Organisation he worked as preferred by his/her spouse or eligible family member as to their convenience and permitted by the Head of the Department/ Administrative Department concerned, shall draw and disburse the COVID-19 Warrior Family Assistance.

By Order of the Governor



Memo No. 22095 /F, Date: 04.08.2020

Copy to All Departments/ All Heads of Department/ All Collectors for information.


4.8.2020
Deputy Secretary to Government

Memo No. 22096 /F, Date: 04.08.2020

Copy to Principal Accountant General (A&E), Odisha, Bhubaneswar for information.


4.8.2020
Deputy Secretary to Government

Memo No. 22097 /F, Date: 04.08.2020

Copy to All Officers/ All branches of FD for information.


4.8.2020
Deputy Secretary to Government

FORM III

(To be filled in by the claimant)

Sl No.	Particulars	Information
(1)	(2)	(3)
1.	Full name of claimant	
2.	Aadhar No. of the Claimant	
Information on deceased person		
3.	Relationship with deceased	
4.	Name of deceased	
5.	Aadhar No. of the deceased	
6.	Father's name	
7.	Age	
8.	Address	
9.	Designation while on duty	
10.	Details of drafting authority	
11.	Place of duty	
12.	Monthly Salary / Remuneration during the month of death	
13.	(i) Date & Time of Death (ii) Date of Laboratory diagnosis of COVID-19 (iii) Name of treating Physician	
14.	Name of the Hospital	
15.	Particulars of Bank Account for transfer of fund	Bank Name- Bank Account No - Type of Account- IFSC Code- MICR Code- Address of Branch-
16	Declaration I do hereby declare that the facts and figures indicated above are true to the best of my knowledge and belief. In case any information or document found to be false/ fabricated or forged or any information is concealed, the claim shall be void and my right for compensation shall be forfeited. I shall submit an affidavit to the effect that in case my claim is made null and void, I shall return the amount received by me failing which action as deemed fit shall be initiated against me. Date: _____ Signature of the claimant _____	

Certified that the death of Sri/Smt/Kumari.....is due to COVID-19 infection.

Signature of the Medical Superintendent

Counter signature by the
Collector & District Magistrate

Signature of the Head of Office

Signature of the Competent Authority in
Administrative Department

-Name of Office-

CERTIFICATE OF ENGAGEMENT OF DECEASED FOR COVID-19 MANAGEMENT

(To be given by the drafting authority)

This is to certify that Sri/ Smt/ Kumari son/ daughter/
wife/ husband of ageyears, resident of
..... was engaged
by as(designation)
from..... to and he/ she was assigned duty at
which is COVID -19 management related duty.

Signature of Head of Office/
Drafting Authority
Seal:

Countersigned.

Signature of the Collector
& District Magistrate
Seal: