

**GOVERNMENT OF ODISHA
FINANCE DEPARTMENT**

No. 22073 /F,
FIN-CS3-PEN-0009-2020

Dated 04.08.2020

R E S O L U T I O N

Sub: COVID-19 Warrior Family Assistance for Anganwadi Worker.

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 in case of Anganwadi worker under Women and Child Development and Mission Shakti Department who succumb to COVID-19 infection in line of duty under active deployment by the State authorities.

1. In case of death of an Anganwadi Worker in line of duty under active deployment by the State authorities, COVID-19 Family Assistance for AWW @ ₹ 7500 (Seven thousand five hundred) only per month shall be provided to the spouse or eligible family member till he/ she reaches 60 years had he/ she survived.
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 Anganwadi Worker 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 Anganwadi Worker 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 Anganwadi Worker should not be on leave from the duty.

Provided that if the Anganwadi Worker 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 members of the deceased Anganwadi worker with requisite documents including the enclosed Form III, the WCD & MS Department will take necessary action accordingly.

By Order of the Governor

Sd/-

Principal 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	<p align="center">Declaration</p> <p>Ido 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.</p> <p>Date: _____ Signature of the claimant _____</p>	

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 age
..... years, 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: