

GOVERNMENT OF ODISHA
FINANCE DEPARTMENT

No. 22099 /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 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 for 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 covered under OCS (Pension) Rules, 1992 who succumb to COVID-19 in line of duty under active deployment by the State authorities.

1. In case of death of the Government servant in line of duty under active deployment by the State authorities, COVID-19 Special Family Pension equivalent to the last pay drawn/ due along with DR/ TI as admissible from time to time shall be provided to the spouse or eligible family member till the normal date of superannuation, had he/ she remained alive.
2. On reaching the date of superannuation of the deceased employee had he/ she remained alive, the spouse or eligible family member will get family pension, if admissible, under the relevant Rules.
3. 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.

4. 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.

5. On application by the spouse or eligible Family member of the deceased Government employee with requisite documents including the enclosed Form-I to III, the papers will be sent to O/O the Principal AG (A&E), Odisha for issue of necessary authority slip.

By Order of the Governor

Sd/-

Principal Secretary to Government

FORM-I

PARTICULARS FOR COMPASSIONATE GRANT TO THE FAMILY OF THE DECEASED GOVERNMENT SERVANT

1. Full name and address of applicant and his/ her relationship with the deceased
2. Description of the deceased:
 - (a) Name
 - (b) Post held
 - (c) Office in which employed
 - (d) Date of death
 - (e) Date of application for the grant
3. Number, name, relationship, age and occupation of dependant family members of the deceased
4. Date of joining in service
5. Pay at the time of death
6. Details relating to cause of death due to COVID-19 infection—
 - (a) Date of deployment order for COVID-19 duty (enclose copy)
 - (b) Date of detection of infection of COVID-19
 - (c) Date of death
7. Was any other grant sanctioned to the family of the deceased? Was any grant, pension or gratuity sanctioned under rule 14 of the Orissa (Extraordinary) Pension Rules, 1943? Is any application pending for consideration under the said rules?
8. Persons to whom the Compassionate Grant is payable.

Treasury from which the Compassionate Grant is payable.

*Signature of the Head of the
Office Drawing up the application*

Recommended by the Head of Department

Signature of the HoD

Approved by the Administrative Department

*Signature of the Secretary to
Government*

FORM-II

DESCRIPTIVE ROLL OF THE FAMILY OF THE DECEASED GOVERNMENT SERVANT

1. Full name of the applicant
2. Relationship to the deceased Government servant
3. Present address:
4. Village and Post Office
5. Police Station and District
6. Height
7. Age
8. Colour
9. Personal marks of identification, if any

10. Name and age of the surviving family members of the deceased.

Widow/ Widower:

Sons:

Unmarried & widowed daughters
including step and adopted children:

Brothers below 18 years and
unmarried/ widowed sisters:

Father:

Mother:

Children of pre-deceased son if
actually dependent on the deceased
Govt servant:

Name	Occupation	Date of birth (Christian era)

11. Signature or Left hand thumb and finger impressions:

Little finger	Ring finger	Middle finger	Fore finger	Thumb
(1)	(2)	(3)	(4)	(5)

Attested by—

(1) _____

(2) _____

**Signature of the authority
competent**

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 style="text-align: center;">Declaration</p> <p>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.</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: