

भारत सरकार Government of India
परमाणु ऊर्जा विभाग Department of Atomic Energy
नाभिकीय ईंधन सम्मिश्र Nuclear Fuel Complex

ईसीआईएल डाकघर ECIL Post
हैदराबाद Hyderabad-500062

सं.No.NFC/Admn./CHSS/2020/


दिनांक Date : २/04/2020

Sub: Covid 19 – Reimbursement of cost of medicine purchased during the period of lockdown.

A Circular dated 30.03.2020 had been issued intimating all the beneficiaries of CHSS, NFC regarding purchase of medicine at their nearest pharmacy up to 30.04.2020.

2. In this regard a format devised for reimbursement of medicine purchased by CHSS beneficiaries during the period of lockdown is enclosed herewith.
3. All the prime beneficiaries of CHSS (Serving / Retired) are advised to submit the applications on or before 31.05.2020, as detailed below:

O/o CMS (CHC & CHSS), Sanjivini	Serving employees: Allopathic medicine
CHSS Section, Aadhar Building	Serving employees: Ayurvedic, Homeo Retired employees: Allopathic medicine, Ayurvedic, Homeo


(Y. Nagarjuna Prasad) 21/4/2020
Administrative Officer – III
(R-I/II & CHSS)

To all the employees

सभी संयंत्र / अनुभाग All Plants /Sections

सभी सूचनापट्ट/All Notice Boards

प्रतिलिपि Copy to:

1. मुख्य कार्यपालक, नाईस CE, NFC - सादर सूचनार्थ for kind information.
2. सभी उप मुख्य कार्यपालक/परि.निदे.जेडसी./पलय./महा.प्रबं/क्षे.नि., क्रभनिहैए/उपमहा.प्रबं./प्रधान/वरि.प्रबं./प्रबं./उप प्रबं./कार्या.प्रभारी/ DCEs/PD, ZC/P/ GMS/RD, HRPSU/DGMS/Heads/SMs/Mgrs/DMs/OICs
3. मुख्य चिकित्सा अधीक्षक (ओएचसी, कोटा व जेडसी)/मुख्य चिकित्सा अधीक्षक(सीएचसी व सीएचएसएस)/मुख्य चिकित्सा अधिकारी/चिकित्सा अधिकारी, नाईस CMS (OHC, Kota & ZC)/CMS (CHC & CHSS/CMO/Medical Officers, NFC
4. मुख्य प्रशासनिक अधिकारी, नाईस/CAO, NFC
5. संयुक्त नियंत्रक वित्त व लेखा/JCFA, NFC
6. उप महानिरीक्षक, पऊवि मुख्यालय/समादेष्टा, कें.औ.सु.ब./DIG, DAE Headquarters/Commandant, CISF
7. महासचिव, नाईस औ.का.संघ/ General Secretary, NFC IWU
8. अध्यक्ष, नाईस पर्य.कर्म.संघ/नाईस वैजा.सहा.संघ/ नाईस अधिकारी संघ President, NFC SSA/ NFC SAA / NUFCOA

सूचनार्थ प्रति/Copy also for information to:

1. मुख्य प्रशासनिक अधिकारी, पखनि, हैदराबाद / CAO, AMD, Hyderabad
2. प्रभारी वैज्ञानिक, टीआईएफआर, हैदराबाद / Scientist-in-Charge, TIFR, Hyderabad
3. प्रभारी वैज्ञानिक, सीसीसीएम, हैदराबाद / Scientist-in-Charge, CCCM, Hyderabad
4. प्रमुख, आरसी, जोनाकी, ब्रिट, हैदराबाद / Head, RC, Jonaki, BRIT, Hyderabad
5. प्रधानाचार्य, एईसीएस-I/II, एएयूएच, हैदराबाद / Principal, AECS-I/II, AUH, Hyderabad
6. प्रभारी अधिकारी, एनपीसीआईएल, ईसीआईएल कैंपस, हैदराबाद Officer-in-Charge, NPCIL, ECIL Campus, Hyderabad
7. आईआईडब्ल्यू, पऊवि, हैदराबाद / IIW, DAE, Hyderabad
8. प्रबन्धक-क्रय, आरपीयू (एम) शहर कार्यालय, नाईस परिसर, हैदराबाद Manager-Purchase, RPU(M) City Office, NFC Premises, Hyderabad
9. समन्वयक, सेवानिवृत्त कर्मचारी संगठन / Coordinator, Retired Employees' Association

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Reimbursement of medicine purchased during the Lockdown period on account of COVID – 19

Sl. No	Particulars of the Prime beneficiary / beneficiary	Details			
1	Name of the Govt. Servant				
2	Unit				
3	Employee Code No. & Basic Pay	E.C. No		B.Pay	
4	Serving / Retired (in case of retired personnel, please submit Pre-stamped receipt)				
5	Name of the patient & Relationship				
6	Address				
7	CHSS No. of the patient & Validity				
8	Medicine purchased for the period	From		To	
9	The date of medicine taken last time (from private pharmacy in NFC / Zonal Hospital / purchased outside)				
10	Original Bill Receipt no. & Dt.				
11	Amount Claimed:	Rs. _____ (in words) _____			
12	Enclosures	(i) Prescription – Latest or previous month	– (YES / NO)		
		(ii) Copy of CHSS card	– (YES / NO)		
		(iii) Bills in original	– (YES / NO)		

I hereby declare that

- the statements in this application are true to the best of my knowledge and belief and that the person for whom medical expenses are incurred is wholly dependent upon me.
- Purchase of medicines are in accordance to circular ref. no. NFC/Admn./CHSS/2020 dt. 30.03.2020.
- In the event of details furnished by me are found to be false, I shall be liable for punishment as deemed fit.

Date:

Sign. of the Govt. Servant _____

Note: The reimbursement forms may be submitted at the following:

O/o CMS (CHC & CHSS), Sanjivini
CHSS Section, Aadhya Building



Serving employees: Allopathic medicine

Serving employees: Ayurvedic, Homeo

Retired employees: Allopathic medicine, Ayurvedic, Homeo

PRE-STAMPED RECEIPT

(To be submitted by the retired Government Employees / Family of Deceased Govt. Servants)

Received a sum of Rs. _____ Rupees _____ from Accounts Officer, NFC towards reimbursement of the Medical Claim submitted by the undersigned.

A/c no.		Bank Name & Branch		IFSC Code	
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(Signature of the Retired Govt. Employee / Family of Deceased)