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:

<table>
<thead>
<tr>
<th>Office CMS (CHC &amp; CHSS), Sanjivini</th>
<th>Serving employees: Allopathic medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHSS Section, Aadhar Building</td>
<td>Serving employees: Ayurvedic, Homeo</td>
</tr>
<tr>
<td></td>
<td>Retired employees: Allopathic medicine, Ayurvedic, Homeo</td>
</tr>
</tbody>
</table>

(Y. Nagarjuna Prasad) 27/4/2020
Administrative Officer – III (R-I/II & CHSS)

To all the employees
सभी संयंत्र / अनुम्माण All Plants /Sections
सभी सूचनापत्र/All Notice Boards
प्रतिलिपि Copy to:

1. मुख्य कार्यालय, नाईस CE, NFC - सादर सूचनार्थ for kind information.
2. सभी उ. मुख्य कार्यालय/परि.निदेश.जेडसी./पलय./सहा.प्रबं./कर्त.मिम.,,क्रमनिर्देश/उपमहाप.प्रबं./प्रधान/विर्.प्रबं./
   प्रबं./उ.प्रबं./कार्यालय.प्रभारी/ DCEs/PD, ZC/P/ GMs/RD, HRPSU/DGMs/Heads/SMs/Mgrs/DMs/OICs
3. मुख्य विभिन्न संस्थागत (ओएचसी, कोटा व जेडसी)/मुख्य विभिन्न संस्थागत(सीएचसी व सीएजसी)/
   मुख्य विभिन्न संस्थागत/विभिन्न संस्थागत प्रभारी, नाईस CMS (OHC, Kota & ZC)/CMS (CHC &
   CHSS/CMO/Medical Officers, NFC
4. मुख्य प्रशासनिक अधिकारी, नाईस/CAO, NFC
5. संयुक्त नियंत्रक खित व लेखा/ICFA, NFC
6. उप महानिरीक्षक, पांवि मुख्यालय/सरासरी, कं.ओ.सु.ब./
   DIG, DAE Headquarters/Commandant, CISF
7. महासचिव, नाईस औ.का.संघ/ General Secretary, NFC IWU
8. अध्यक्ष, नाईस पर्य.कर्म.संघ/नाईस वैज्ञानिक संघ/ नाईस अधिकारी संघ
   President, NFC SSA/ NFC SAA / NUFOA

सूचनार्थ प्रति/Copy also for information to:

1. मुख्य प्रशासनिक अधिकारी, पहाडी, हैदराबाद / CAO, AMD, Hyderabad
2. प्रभारी वैज्ञानिक, टीआईएफआई, हैदराबाद / Scientist-in-Charge, TIFR, Hyderabad
3. प्रभारी वैज्ञानिक, सीएससीएम, हैदराबाद / Scientist-in-Charge, CCCM, Hyderabad
4. प्रमुख, आरसी, जोनकारी, ब्रिट, हैदराबाद / Head, RC, Jonaki, BRIT, Hyderabad
5. प्रमुख खागचार्य, एईसीएस-1/II, एएम, हैदराबाद / Principal, AECS-I/II, AUH, Hyderabad
6. प्रभारी अधिकारी, एनपीसीई, इईसीईएल कैंपस, हैदराबाद
   Officer-in-Charge, NPCIL, ECIL Campus, Hyderabad
7. अईसीईएल, पहाडी, हैदराबाद / IIW, DAE, Hyderabad
8. प्रबन्धक-क्रन्ति, आरसीई (एम) शहर कार्यालय, नाईस परिसर, हैदराबाद
   Manager-Purchase, RPU(M) City Office, NFC Premises, Hyderabad
9. समन्वयक, सेवानिवृत्त कर्मचारी संगठन / Coordinator, Retired Employees’ Association
<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Particular of the Prime beneficiary / beneficiary</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Name of the Govt. Servant</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Unit</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Employee Code No. &amp; Basic Pay</td>
<td>E.C. No</td>
</tr>
<tr>
<td>4</td>
<td>Serving / Retired (in case of retired personnel, please submit Pre-stamped receipt)</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Name of the patient &amp; Relationship</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>CHSS No. of the patient &amp; Validity</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Medicine purchased for the period</td>
<td>From</td>
</tr>
<tr>
<td>9</td>
<td>The date of medicine taken last time (from private pharmacy in NFC / Zonal Hospital / purchased outside)</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Original Bill Receipt no. &amp; Dt.</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Amount Claimed:</td>
<td>Rs.</td>
</tr>
<tr>
<td>12</td>
<td>Enclosures</td>
<td>(i) Prescription - Latest or previous month - (YES / NO)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(ii) Copy of CHSS card - (YES / NO)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(iii) Bills in original - (YES / NO)</td>
</tr>
</tbody>
</table>

I hereby declare that
(i) 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.
(ii) Purchase of medicines are in accordance to circular ref. no. NFC/Admin./CHSS/2020 dt. 30.03.2020.
(iii) 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:

- 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 ____________________________

(Signature of the Retired Govt. Employee / Family of Deceased)