

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

सं.No.NFC/Admn./CHSS/2020/3012

दिनांक Date: 17/07/2020

परिपत्र CIRCULAR

Sub: Purchase of medicines and reimbursement – COVID-19.


In view of the present Corona virus (COVID-19) Pandemic, all efforts are being taken by NFC to contain its impact by instituting many preventive measures.

2. As a part of the continuing efforts in this direction, Competent Authority in NFC has accorded approval for allowing the beneficiaries of CHSS to purchase medicines (Allopathic, Ayurvedic & Homeo) for all chronic ailments at their nearest pharmacy, as a special case from 18.07.2020 to 17.09.2020 and submit the bills in original along with a copy of the latest prescription and a copy of CHSS card for reimbursement in the prescribed format (form enclosed) within one month from the date of purchase of medicines.

3. All the prime beneficiaries of CHSS are advised to submit the application as detailed below for reimbursement:

Category	Place of submission
Serving employees (NFC only)	CHSS Section, Aadhar Building
Retired employees (NFC only)	O/o. CMS (CHC & CHSS), Sanjivini.
Serving / Retired employees of other DAE Units stationed at Hyderabad	At their respective unit only.

4. All beneficiaries of CHSS are requested to note the above.


(Nagarjuna Prasad)
Administrative Officer – III
(R-I/II & CHSS)

To all the employees

सभी संयंत्र / अनुभाग All Plants / Sections

सभी सूचनापट्ट/All Notice Boards

Cont..2..

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.,क्रभनिहेए/उपमहा.प्रबं./प्रधान/वरि.प्रबं./प्रबं./उप प्रबं./कार्या.प्रभारी/ DCEs/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/ PD(NFC-K)/GM(ZC)
4. मुख्य प्रशासनिक अधिकारी, नाईस/CAO, NFC,
5. संयुक्त नियंत्रक वित्त व लेखा/JCFA, NFC
6. वरिष्ठसमादेष्टा, कें.औ.सु.ब./ Sr. Commandant, CISF
7. महासचिव, नाईस औ.का.संघ/ General Secretary, NFC IWU
8. अध्यक्ष, नाईस पर्य.कर्म.संघ/नाईस वैज्ञा.सहा.संघ/ नाईस अधिकारी संघ President, NFC SSA/ NUFLOSSA / NUFCSA

सूचनार्थ प्रति/Copy also for information to:

1. प्रभारी वैज्ञानिक, टीआईएफआर, हैदराबाद / Scientist-in-Charge, TIFR, Hyderabad
2. मुख्य प्रशासनिक अधिकारी, पखनि, हैदराबाद / CAO, AMD, Hyderabad
3. प्रभारी वैज्ञानिक, सीसीसीएम, हैदराबाद / Scientist-in-Charge, CCCM, Hyderabad
4. प्रमुख, आरसी, जोनाकी, ब्रिट, हैदराबाद / Head, RC, Jonaki, BRIT, Hyderabad
5. प्रधानाचार्य, आईसीएस-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

**Reimbursement of medicines purchased during the period from 18.07.2020 to 17.09.2020
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 & Relation				
6	CHSS No. of the patient & Validity				
7	Medicine purchased for the period	From		To	
8	The date of medicine taken last time (from private pharmacy in NFC / Zonal Hospital / purchased outside)				
9	Original Bill Receipt no. & Dt.				
10	Amount Claimed:	Rs. _____ (in words) _____			
11	Enclosures submitted	(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

- (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) 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 Prime Beneficiary _____

Note: (i) **Serving employees** of NFC are required to submit the form along with enclosures in the CHSS Section
(ii) **Retired employees** of NFC are to submit the form along with enclosures in. O/o CMS (CHC & CHSS).

PRE-STAMPED RECEIPT

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

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)