

1/3

Government of India
Department of Atomic Energy
Nuclear Fuel Complex
CHSS Section

Ref: NFC/ADMN/CHSS./2021/

Date: 05.05.2021

CIRCULAR

Subject: Reimbursement of RT-PCR test charges – Reg.

In view of the present COVID-19 pandemic, all efforts are being taken by NFC to contain its impact by instituting many preventive measures. As a part of the continuing efforts in this direction, Competent Authority in NFC has accorded approval for allowing the CHSS beneficiaries to undergo RT-PCR test (Reverse Transcription Polymerase Chain Reaction) at their nearest recognized Diagnostic Centre / Private Hospitals as a special case, initially for 02 months from the date of issue of this circular.

2. CHSS beneficiaries having symptoms of COVID-19 are requested to consult Medical Officer, NFC and obtain their suggestions before proceeding for RT-PCR test. In case of COVID-19 positive, beneficiaries are requested to undergo RT-PCR test once again after a gap of 14 days.

3. The application form in the prescribed format shall be submitted to APO(CHSS), NFC along with original bill, copy of investigation report, copy of CHSS card, copy of the Health pass book containing the prescription and copy of Bank passbook within one month from the date of undergoing RT-PCR test for reimbursement.

4. All beneficiaries of CHSS are requested to note that the said reimbursement will be restricted as per the rates prescribed by the Government of Telangana, orders issued from time to time.

5. Hindi Version follows.


(नागार्जुन प्रसाद Nagarjuna Prasad)
प्रशासनिक अधिकारी Administrative Officer – III
(भर्ती-I/II एवं सीएचएसएस R-I/II & CHSS)

सभी कर्मचारियों हेतु To all the employees

सभी संयंत्र / अनुभाग All Plants /Sections

सभी सूचनापट्ट/All Notice Boards

सभी सेवानिवृत्त कर्मचारी और परिवार के आश्रित सदस्य

All the retired employees and their dependent family members

2/3

Ref: NFC/ADMN/CHSS./2021/

Date: 04.05.2021

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. Sr. CMS(OHC, CHC,ZC, NFC-K & HIMS)/ CMS (OHC, CHC, CHSS & HIMS) /CMO/Medical Officer's, NFC
4. मुख्य प्रशासनिक अधिकारी ,नाईस/CAO, NFC
5. संयुक्त नियंत्रक (वित्त व लेखा)/JC (F & A), NFC
6. उप महानिरीक्षक ,पऊवि मुख्यालय/समादेश, 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 वैज्ञा.सहा.संघ/ नाईस अधिकारी संघ President, NFCSSA/ NFCSAA / NUFCA

सूचनार्थ प्रति / Copy also for information to:

1. मुख्य प्रशासनिक अधिकारी, पखनि, हैदराबाद / CA & AO, AMDER, Hyderabad
2. प्रभारी वैज्ञानिक, टीआईएफआर, हैदराबाद / Administrative Officer, 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, आईसीएस-I/II, एएयूएच, हैदराबाद
Principal, AECS-I/JS, Vice Principal / Incharge, AECS-II, Hyderabad
6. प्रभारी अधिकारी, एनपीसीआईएल, ईसीआईएल कैम्पस, हैदराबाद
Officer-in-Charge, NPCIL, ECIL Campus, Hyderabad
7. आईआईडब्ल्यू, पऊवि, हैदराबाद/ IIW, DAE, Hyderabad

Government of India
Department of Atomic Energy
Nuclear Fuel Complex

3/3

Application for claiming reimbursement of amount incurred towards RT-PCR Test

Sl.No.	Particulars	Details
1.	Name of the Prime beneficiary	
2.	Employee No.	
3.	CHSS.No.	
4.	Unit	
5.	Serving / Retired / Deceased	
6.	Name of the Patient	
7.	Relationship with employee	
8.	Patient CHSS .No. and validity	
9.	Claim submitted for (first or subsequent test)	
10.	Address	
11.	Mobile No.	
12.	RT-PCR test conducted on (date)	
13.	Amount claimed	

NOTE: Reimbursement towards RT-PCR test will be restricted as per Government of Telangana tariff only

The following documents are attached for the consideration:

Sl.No.	Document copy to be submitted	Yes / No
1.	Investigation report	
2.	Health pass book containing the prescription	
3.	CHSS card	
4.	Front page of Bank passbook(in case of retired/deceased category)	

I hereby declare

- I. The statement in this application are true to the best of my knowledge and belief and that the person for whom medical expensed are incurred is wholly dependent upon me.
- II. Reimbursement of RT-PCR test is in accordance to Circular Ref.No.NFC/ADMN/CHSS/2021/ dated .05.2021.
- III. In the event of details furnished by me are found to be false, i shall be liable for punishment as deemed fit.

Date:

Signature of the beneficiary