

पत्रांक:- 1103/21

प्रेषक:-

प्राचार्य,  
श्री कृष्ण चिकित्सा महाविद्यालय,  
मुजफ्फरपुर ।

सेवा में,

प्रधान सचिव,  
स्वास्थ्य विभाग,  
बिहार सरकार, पटना ।

मुज० दिनांक:- 20/07/21

विषय-प्रधान मंत्री गरीब कल्याण पैकेज के अन्तर्गत स्व० डॉ० अनिल कुमार सिंह,  
पी०जी० छात्र\*(2018-21) का बीमा दावा के संबंध में ।

महाशय,

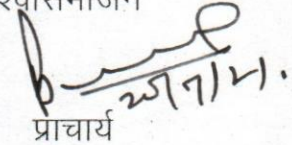
उपरोक्त विषयक सूचित करना है कि इस चिकित्सा महाविद्यालय के MD-  
Physiology के छात्र डॉ० अनिल कुमार सिंह, जिनकी मृत्यु कोरोना संक्रमण के  
कारण हो गई ।

अतः उनके पत्नी द्वारा समर्पित किए गए प्रधान मंत्री गरीब कल्याण पैकेज के  
अन्तर्गत मिलने वाली राशि का दावा अभ्यावेदन अनुलग्नको के साथ आवश्यक कार्रवाई  
हेतु आपको प्रेषित की जा रही है ।

यह आपके सूचनार्थ एवं आवश्यक कार्यार्थ प्रेषित ।

अनु- 20 पन्ना ।

विश्वासभाजन



प्राचार्य

श्री कृष्ण चिकित्सा महाविद्यालय  
मुजफ्फरपुर



पत्रांक:-

प्रेषक:-

प्राचार्य,  
श्री कृष्ण चिकित्सा महाविद्यालय,  
मुजफ्फरपुर ।

सेवा में,

प्रधान सचिव,  
स्वास्थ्य विभाग,  
बिहार सरकार, पटना ।

मुज० दिनांक:-

विषय-प्रधान मंत्री गरीब कल्याण पैकेज के अन्तर्गत स्व० डॉ० अनिल कुमार सिंह,  
पी०जी० छात्र (2018-21) का बीमा दावा के संबंध में ।

महाशय,

उपरोक्त विषयक सूचित करना है कि इस चिकित्सा महाविद्यालय के MD-  
Physiology के छात्र डॉ० अनिल कुमार सिंह, जिनकी मृत्यु कोरोना संक्रमण के  
कारण हो गई ।

अतः उनके पत्नी द्वारा समर्पित किए गए प्रधान मंत्री गरीब कल्याण पैकेज के  
अन्तर्गत मिलने वाली राशि का दावा अभ्यावेदन अनुलग्नको के साथ आवश्यक कार्रवाई  
हेतु आपको प्रेषित की जा रही है ।

यह आपके सूचनार्थ एवं आवश्यक कार्यार्थ प्रेषित ।

अनु- 20 पन्ना ।

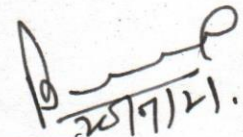
विश्वासभाजन

प्राचार्य  
श्री कृष्ण चिकित्सा महाविद्यालय  
मुजफ्फरपुर

ज्ञापांक:- 1103/21 दिनांक:- 20/07/21

प्रतिलिपि:-

1. श्रीमति सुगंधि कुमारी, पति-स्व० डॉ० अनिल कुमार सिंह, कल्याणपुर, करगहर,  
सिलारी, रोहतास, बिहार-821111 को सूचनार्थ एवं आवश्यक कार्यार्थ प्रेषित ।
2. कॉलेज वेबसाईट ।



प्राचार्य  
श्री कृष्ण चिकित्सा महाविद्यालय  
मुजफ्फरपुर



~~Srinivasan~~  
~~25/06/21~~  
Bun  
26/06/21  
पाचार्य

श्री कृष्ण चिकित्सा महाविद्यालय

मुजफ्फरपुर

विषय - प्रधानमंत्री जरीब कल्याण पैकेज के अंतर्गत  
स्व. डा. अनिल कुमार सिंह का बीमा दावा के  
सम्बन्ध में।

Praveendra  
Muz  
28/6/21  
महाशय

सविनय निवेदन है कि मैं पति स्व. डा. अनिल  
कुमार सिंह की मृत्यु कोविड-19 के संक्रमण से  
इलाज के दौरान दिनांक 17/04/2021 को हुई थी।  
प्रधानमंत्री जरीब कल्याण पैकेज के अंतर्गत भारत  
सरकार द्वारा स्वास्थ्य कर्मियों को कोविड-19 से  
मृत्यु के उपरान्त पचास लाख रुप. का बीमा हेतु  
दावा प्रस्तुत कर रही हैं। इस आवेदन के साथ भरे  
हुए form-I के साथ अन्य वांछित अनलग्नक संलग्न  
कर आवश्यक कार्रवाई हेतु समर्पित कर रही हैं।

अतः साफ़ अनुरोध है कि उपरोक्त  
बीमा दावा मुग्तान हेतु अग्रतर कार्रवाई करने  
की कृपा की जाय

अनुलग्नक -

claim form I के साथ  
अन्य वांछित अनुलग्नक  
(कुल पृष्ठ - 15)

विश्वासभाजन

Sugandhi Kumari

24/06/2021

Village - Kalyanpur

P.S - Karagahar, Silarji

Rohtas

Bihar - 821111

Phone No. - 9471662830, 9470006750

drak9835472576@gmail.com

Sri Krishan Medical College, Muz.

Letter No: 2798/21

Date: 25/06/21

Receiver Sign



**Pradhan Mantri Garib Kalyan Package: Insurance Scheme for Health Workers Fighting COVID-19**  
**FORM-I:**  
**Personal Accident Insurance Claim Form for loss of life due to COVID19**



**The New India Assurance Company Limited**

Regd. & Head Office: New India Assurance Bldg., 87, Mahatma Gandhi Road, Fort, Mumbai - 400 001.

*The issuance of this form is not to be taken as an admission of Liability*

**Personal Accident Insurance Claim Form (Particulars of Accident)**

Policy No.

**TO BE COMPLETED BY THE CLAIMANT**

Name of Insured: Secretary, Ministry of Health and Family Welfare, Govt. of India, New Delhi

**1. Details of Deceased Person who died due to COVID-19**

- (a) Full name (Ms./Mr.) Anil Kumar Singh
- (b) Father's name Bhagwan Singh
- (c) Age at last birthday 44 years
- (d) Sex Male
- (e) Address village- kalyanpur, P.S- Karagahar, Silara Rohtas
- (f) Profession/occupation doctor Rohtas- Bihar - 821111

2.	(a) Date and Time of Death:	17/04/2021, 7-40 AM
	(b) Date of Laboratory diagnosis of COVID19	15/04/2021



3. Electronic Clearing Service (ECS) Details of the Claimant:

3.1	Name of the Claimant (as per the Bank Account)	Sugandhi Kumari
3.2	Relationship with the Deceased	wife
3.3	Bank Name	SBI
3.4	Branch and address	S.K Medical college & Hospital Campus
3.5	Bank Account No.	20441038331
3.6	Bank Account Type	Saving
3.7	IFSC Code	SBIN0010082
3.8	MICR Code	842002015

I, Sugandhi Kumari, hereby declare that the foregoing statements are true in all respect and that I, the claimant, have not attempted to conceal from the Company anything which it ought to be made acquainted. I, agree that if I have made, or in any further declaration the Company may require, shall make any false or fraudulent statement or any suppression, concealment or untrue averment whatever, the claim shall be void and my right to compensation forfeited and am willing, if required to make a Statutory Declaration before a Justice of the Peace of the truth of the whole of the foregoing statement or any other statement I, may make a connection with this claim.

	Claimant	Witness
Name:	Sugandhi Kumari	Dr. Neera Kuman
Address:	Kalyanpur, PS- Karagahar Silara Rohtas-821411	Assist. Prof. Physiology Department SKMCH Muz.0
Contact number:	9939887293, 9470006150	9801653534
Date:	22/06/2021	22.6.2021
Signature:	Sugandhi Kumari	Neera

Muzaffarpur

Place and Date: 22/06/2021

Sugandhi Kumari

Signature of the Claimant



## CLAIM FORWARDING LETTER

THE NEW INDIA ASSURANCE CO.LTD.

Dated:

State:

### CHECKLIST: COVID CLAIMS

Ref No. : PMGKP:

Name of deceased:

Date of Death:

Documents Enclosed (Refer Claim Form)	Original*	Certified Copy *
1. Claim form.		NA
2. Identity proof of Deceased:	NA	
3. Identity proof of the Claimant:	NA	
4. Certified evidence of claimant in fulfillment of clause no.3 of claim form.	NA	
5. Proof of relationship between Deceased and the Claimant	NA	
6. Laboratory Report certifying having tested Positive for COVID-19 (in Original or Certified copy)		
7. Death summary by the Hospital where death occurred (in case death occurred in hospital)	NA	
8. Death Certificate (in Original)		NA
9. Cancelled Cheque (original desirable) and Pan Card copy of claimant	NA	
10. Certificate along with proof (such as copy of duty roster, office order etc. prior to date of death) by the Healthcare Institution/ organization/ office that:		
a) The deceased was an employee of/engaged by the institution		NA
b) The deceased was deployed/drafted for care and may have come in direct contact of COVID-19 patient and contracted covid-19 while on duty.		NA

\*Please write yes/no in blank boxes.

1. We confirm that all the documents have been certified by Claim Certifying Authority as per clause 2 of claim form.
2. We also confirm having sent the copy of this letter/documents to [nia.312000@newindia.co.in](mailto:nia.312000@newindia.co.in), [cd312000@gmail.com](mailto:cd312000@gmail.com) and [pmgkpinsurance2020@gmail.com](mailto:pmgkpinsurance2020@gmail.com)

Signature

Name and Designation

Office seal





भारत सरकार

GOVERNMENT OF INDIA



अनिल कुमार सिंह

Anil Kumar Singh

जन्म तिथि/DOB: 01/02/1977

पुरुष / MALE



3831 64 13 6160

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

Address:

आत्मज: भगवान सिंह,  
कल्याणपुर पी.एस. करगहर,  
सिलारी, रोहतास,  
बिहार - 821111

S/O: Bhagwan Singh, kalyanpur  
p.s. karagahar, Silari, Rohtas,  
Bihar - 821111

3831 64 13 6160

MERA AADHAAR, MERI PEHACHAN

*Attended*  
*[Signature]*  
*21/6/21*

Associate Professor & HOD  
Department of Biochemistry  
S.K. Medical College, Muzaffarpur



भारत सरकार  
GOVERNMENT OF INDIA

सुगंधी कुमारी  
Sugandhi Kumari

जन्म तिथि/ DOB: 02/03/1977

महिला / FEMALE

5643 9686 9501

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:  
अर्धांगिनी: अनिल कुमार  
सिंह, कल्याणपुर  
पी.एस.करगहर, सिलारी,  
रोहतास,  
बिहार - 821111

Address:  
WO: Anil Kumar Singh, kaiyanpur  
p.s.karagahar, Silari, Rohtas,  
Bihar - 821111

5643 9686 9501

MERA AADHAAR, MERI PEHACHAN

Sugandhi Kumari

Amended  
24/6/21  
Associate Professor & HOD  
Department of Biochemistry  
S.K.Medical College, Muzaffarpur



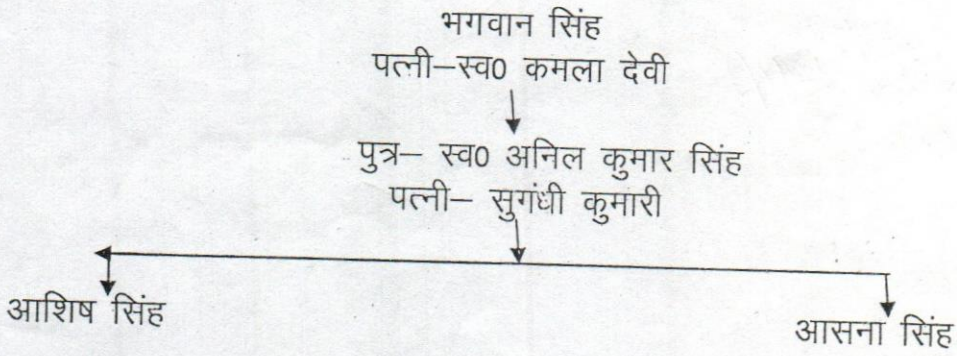
कार्यालय अंचल अधिकारी, करगहर, रोहतास


पारिवारिक सूची प्रमाण पत्र

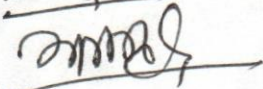
प्रमाण पत्र सं०- 117

दिनांक- 17.06.21

हल्का पंचायत राजस्व कर्मचारी के जाँच प्रतिवेदन एवं शपथ सं०-10632, दिनांक-16.06.2021 एवं ग्राम पंचायत कल्याणपुर मुखिया द्वारा निर्गत पारिवारिक सूचि के आधार पर आवेदिका सुगंधी कुमारी, पति-स्व० अनिल कुमार सिंह, ग्राम-कल्याणपुर, पो०-सिलारी, थाना-करगहर, जिला-रोहतास का पारिवारिक सूचि निम्न प्रकार है:-



  
अंचल अधिकारी  
करगहर।  
17/6/21

Attended  
  
24/6/21 & HOD  
Department of Biochemistry  
S.K. Medical College, Muzaffarpur





**भारतीय स्टेट बैंक**  
**State Bank Of India**

(10082) - S K MEDICAL COL AND HOS CAMPUS  
S K MEDICAL COLLEGE AND HOSPITAL CAMPUS P.O-UMA NAGAR  
DIST: MUZAFFARPUR 842004  
Tel: 621-2222311 IFS Code : SBIN0010082

केवल 3 महीने के लिए वैध / VALID FOR 3 MONTHS ONLY

D	D	M	M	Y	Y	Y	Y

PAY

या धारक को OR BEARER

रुपये RUPEES

अदा करें

₹

खा. सं.  
A/c No.

20441038331

VALID UPTO ₹ 10 LACS AT NON-HOME BRANCH

SB ACCOUNT

PREFIX:  
1516200013

MULTI-CITY CHEQUE Payable at Par at All Branches of SBI

Please sign above

⑈994695⑈ 842002015⑈ 013227⑈ 31

MANIPAL TECHNOLOGIES LIMITED, KARNATAKA / CTS-2010

*Cancelled*





# Prashant Memorial Charitable Hospital

Juran Chapra, Road No.-4, Muzaffarpur (Bihar), Phone : 2227035, Telefax : 2216860

M : 9771423639, Email : pmchmfp@gmail.com

Registration No - 011 (Issued by Civil Surgeon, Muzaffarpur), Incorporation No. : U85110BR2005 NPL011366



Consultant Pathologist :- **Dr. Mahesh Prasad, M.D. (Path)**

Not for Medico Legal Purpose.

## PATHOLOGY UNIT REPORT

CR Name	MR DR ANIL KUMAR	CR No	PRASHANT/177477	Age/Sex	40 Y/Male
Requested Doctor	Dr. Pmch	OPD/IPD	OPD		
Sample On	15-04-2021 10 29 pm	Report On	15-04-2021 10 31 pm		

### C-19 ANTIGEN RAPID

Test Name : COVID-19 ANTIGEN Specimen : NASAL SWAB

TEST NAME	RESULT
COVID-19 ANTIGEN	DETECTED(RAPID ANTIGEN)

Note— For all symptomatic patients who are negative by rapid antigen test, another NP/OP swab collected in VTM should be re-tested for RT-PCR as per ICMR guidelines..

#### SUMMARY :

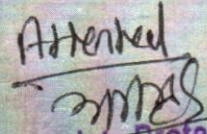
Clinical Interpretation if any :

- End of Report -

Verified By  
Mahesh Prasad  
15-04-2021 10:31 pm

User Id TARIQUE\_24

Technician

  
 Associate Professor & HOD  
 Department of Biochemistry  
 Pathologist  
 P.M. Medical College, Muzaffarpur

- Note -
- (A) Please correlate clinically, if any value is unexpected, contact the Lab. immediately for re-check with fresh sample.
  - (B) Fully Computerised with quality based Laboratory.
  - (C) Test run through fully Bio-Chemistry Auto Analyzer (Spectra Junior - Merck) Microlab-300, SMD Electrolytes, SMD Co-agulation Analyzer, Swalab α-Haematology Analyzer, VIDAS for special test and more (Biomerieux)
  - (D) This Lab is under External Quality Control from CMC Vellore (Certificate of Participation) and internal Quality Control from



**Client**

**Modern Collection Centre (Muzaffarpur)**  
 Sikanderpur, Village Ahiyapur  
 Muzaffarpur, BHR-842001

**Processed By**

**Pathkind Diagnostics Pvt. Ltd.**  
 Aryans 1st Floor South Bypass Road Subhash Nagar  
 East Jaganpura P.O. Khemnichak, Patna - 800027

<b>Name</b> : Dr. ANIL KUMAR	<b>Billing Date</b> : 14/04/2021 16:31:19
<b>Age</b> : 44 Yrs	<b>Sample Collected on</b> : 14/04/2021 16:32:32
<b>Sex</b> : Male	<b>Sample Received on</b> : 20/04/2021 16:24:53
<b>P. ID No.</b> : P1802141923	<b>Report Released on</b> : 21/04/2021 09:46:10
<b>Accession No</b> : 1802211004497	<b>Barcode No.</b> : 11327670
<b>Referring Doctor</b> : DR ANIL KUMAR	<b>Ref no.</b> :
<b>Referred By</b> :	

**Report Status - Final**

Test Name	Result	Biological Ref. Interval	Unit
-----------	--------	--------------------------	------

**COVID-19 Virus Qualitative RT PCR**

**MOLECULAR DIAGNOSTICS**

* Covid - 19	Positive
* N gene (CT Value)	20.5
* RDRP (CT Value)	20.1

**Covid - 19**

**Clinical Significance :**

RESULT	Interpretation
POSITIVE	RNA specific to SARS-CoV-2 Detected
NEGATIVE	RNA specific to SARS-CoV-2 NOT detected
INCONCLUSIVE	A repeat testing on fresh sample is recommended

The Ct cutoff values for assay targets during interpretation of the results are as follows :

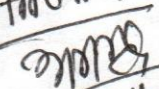
**COVID- 19 Assay Ct cutoff values**



Sample or Control	Target	Ct cutoff
Positive Control	Viral Targets	Valid Ct values are <= 37
Negative Control	Viral Targets	Valid Ct values are > 37
Clinical Samples	Viral Targets	Valid Ct values are <= 37

- Negative result does not rule out the possibility of Covid-19 infection. Presence of inhibitors, mutations & insufficient RNA specific to SARS-CoV-2 can influence the test result. Kindly correlate the results with clinical findings.
- Test conducted on Nasal & Throat Swab Samples
- Lower respiratory tract samples like Sputum, BAL, ET aspirate are appropriate samples especially in severe and progressive lung disease.
- Kindly consult referring Physician / Authorized hospitals for appropriate follow up.
- Covid-19 Test conducted as per kits approved by ICMR / CE-IVD / USFDA.
- LOD of assay : 10 GCE ( Genomic copy equivalents)/Reaction

1802211004497 Dr. ANIL KUMAR



*Arterhal*  
  
 Associate Professor & HOD  
 Department of Biochemistry  
 S.K. Medical College Muzaffarpur





Form No.

# INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES

SHEIKHPURA, PATNA -14

## DEATH CERTIFICATE

Name of the Deceased ..... Dr. Anil Kumar Singh .....

Name of the Father/Husband ..... Bhagwan Singh .....

Address ..... VII - Kalyanpur Ward No .....

..... P.S - Karhgar , Dist - Rohtas .....

Date of Admission ..... 16/04/2021 ..... Date of Operation/Procedure (if Any).....

Date and Time of Death ..... 17/04/2021 , 7.40 am .....

I.P. No. .... E-IPD/006847/21 ..... O.P.D. .... E/006767/21 .....

Nationality ..... Indian ..... Age ..... 48 year Sex ..... Male Religion ..... Hindu .....

Marital Status ..... (Single/ Married/ Widow/ Divorced)

### Cause of Death :

#### Immediate Cause :

Status the Disease, Injury of complication, which Caused Death, not the mode of Dying such as heart failure asthma etc.

(a) Cardio-respiratory arrest

Due to (or as a Consequence of)

Interval between Onset & Death

30 minutes

#### Antecedent Cause :

Morbid conditions, if any giving rise to the above cause starting the under lying condition last.

(b) Covid 19 pneumonia

Due to (or as a Consequence of)

#### Other Significant conditions :

Contributing to the death, but not related to the Disease or condition causing it.

(c) —

Date ..... 17/04/2021 .....

Time ..... 7.40 am .....

Signature of Doctor

Full Name ..... Swapnil Kumar .....

Registration No. .... 41438 .....

Attended  
24/6/21  
Associate Professor & HOD  
Department of Biochemistry  
S.K. Medical College, Muzaffarpur





बिहार सरकार

GOVERNMENT OF BIHAR

योजना और विकास विभाग  
DEPARTMENT OF PLANNING AND DEVELOPMENT

इन्दिरा गौधी आयुर्विज्ञान संस्थान  
INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES, PATNA, BIHAR

फॉर्म-6  
FORM-6



मृत्यु प्रमाण-पत्र  
DEATH CERTIFICATE

(जन्म मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12 / 17 तथा बिहार जन्म मृत्यु रजिस्ट्रीकरण नियम, 1999 के नियम 8/13 के अंतर्गत जारी किया गया)  
(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE BIHAR REGISTRATION OF BIRTHS & DEATHS RULES 1999.)

यह प्रमाणित किया जाता है निम्नलिखित सूचना मृत्यु के मूल अभिलेख से ली गई है जो कि इन्दिरा गौधी आयुर्विज्ञान संस्थान तहसील पटना सदर जिला पटना राज्य/संघ प्रदेश बिहार, भारत के रजिस्टर में उल्लिखित है।  
THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF DEATH WHICH IS THE REGISTER FOR INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES, PATNA, BIHAR OF TAHSIL/BLOCK PATNA SADAR OF DISTRICT PATNA OF STATE/UNION TERRITORY BIHAR, INDIA.

मृतक का नाम / NAME OF DECEASED : DR. ANIL KUMAR SINGH

लिंग / SEX: पुरुष / MALE

आधार नंबर / AADHAAR NO.:  
XXXXXXXX6160

मृत्यु की तिथि / DATE OF DEATH:  
17-04-2021  
SEVENTEENTH-APRIL-TWO THOUSAND TWENTY ONE

मृत्यु का स्थान / PLACE OF DEATH:  
INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES, PATNA  
BIHAR

मृतक की उम्र / AGE OF DECEASED:  
44 YEARS

पति / पत्नी का नाम / NAME OF HUSBAND / WIFE:  
SUGANDHI KUMARI

माता का नाम / NAME OF MOTHER:  
KAMALA SINGH

आधार नंबर / HUSBAND/WIFE AADHAAR NO. :  
XXXXXXXX9501

आधार नंबर / MOTHER'S AADHAAR NO. :

पिता का नाम / NAME OF FATHER :  
BHAGWAN SINGH

मृत्यु के समय मृतक का पता / ADDRESS OF THE DECEASED AT THE TIME OF DEATH  
KALYANPUR, PS- KARAGAHAR, SILARI, ROHTAS, BIHAR-821111

आधार नंबर / FATHER'S AADHAAR NO. :

मृतक का स्थायी पता / PERMANENT ADDRESS OF DECEASED :  
KALYANPUR, PS- KARAGAHAR, SILARI, ROHTAS, BIHAR-821111

पंजीकरण संख्या / REGISTRATION NO:  
D-2021: 10-90346-000834

पंजीकरण तारीख / DATE OF REGISTRATION:  
28-04-2021

टिप्पणी / REMARKS (IF ANY):  
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जारी करने की तिथि / DATE OF ISSUE:  
04-06-2021

जारी करने वाला प्राधिकारी / ISSUING AUTHORITY

रजिस्ट्रार (जन्म एवं मृत्यु)  
REGISTRAR (BIRTH & DEATH)  
इन्दिरा गौधी आयुर्विज्ञान संस्थान  
INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES,  
PATNA, BIHAR

चिकित्सा उपाधीक्षक सह रजिस्ट्रार  
(Dy. M.S.-cum-Registrar)  
जन्म-मृत्यु/Birth-Death  
ई.एम.आर.सं., पटना/I.G.I.M.S., Patna

UPDATED ON :  
04-06-2021 11:29:25



Attested  
MMS  
Department of Biochemistry  
S.K. Medical College Muzaffarpur

" THIS IS A COMPUTER GENERATED CERTIFICATE. "  
THE GOVT. OF INDIA IN THE CIRCULAR NO. 1/12/2014-VS(CRS) DATED 27-JULY-2015 HAS  
APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES.  
\* प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH "





आयकर विभाग

INCOME TAX DEPARTMENT

SUGANDHI KUMARI

UMA SHANKAR RAI

02/03/1977

CJRPK9165Q

Sugandhi Kumari

भारत सरकार

GOVT. OF INDIA



Sugandhi Kumari

Attestd  
mmms  
24/6/21  
Associate Professor & HOD  
Department of Biochemistry  
S.K. Medical College, Muzaffarpur



प्राचार्य का कार्यालय : श्री कृष्ण चिकित्सा महाविद्यालय, मुजफ्फरपुर।  
ज्ञापांक..... 202/21..... / मुजफ्फरपुर, दिनांक..... 31-5-2021

**“यह जिनसे संबधित है”**

प्रमाणित किया जाता है कि डा० अनिल कुमार सिंह इस चिकित्सा महाविद्यालय के बायोकेमेस्ट्री विभाग में ट्यूटर(टेन्चोर) के पद पर दिनांक 01.06.2016 से 04.06.2018 तक कार्यरत थे। स्वास्थ्य विभागीय अधिसूचना संख्या 375(3) दिनांक 01.06.2018 के आलोक में इसी संस्थान में सत्र 2018-21 में पी०जी कोर्स करने हेतु दिनांक 04.06.2018 को विरामित कर दिया गया। यह संस्थान भारतीय आयुर्विज्ञान परिषद, नई दिल्ली द्वारा मान्यता प्राप्त है।

प्राचार्य  
श्री कृष्ण चिकित्सा महाविद्यालय  
S.K. Medical College  
मुजफ्फरपुर  
Muzaffarpur

Attested  
24/6/21  
Associate Professor & HOD  
Department of Biochemistry  
S.K. Medical College, Muzaffarpur



Office of the Principal  
S. K. Medical College  
Muzaffarpur

Memo No. : 801/21

Date: 31/5/2021

TO WHOM IT MAY CONCERN

This is to certify that Dr. Anil Kumar Singh, S/o- Sri Bhagwan Singh was a bonafide student of this Medical College Session 2018-21 for Post Graduate (MD-Physiology) Medical Course. His Class Roll No. is 01. His AKU, Patna Registration number is 18232205002. He was to appear in Final (MD/Ms Examination, 2021-held by AKU, Patna) Examination.

This certificate is being issued on his wife's request.

*Class*  
Admission I/C  
S. K. Medical College  
Muzaffarpur

*Principal*  
Principal  
S. K. Medical College  
Muzaffarpur  
Principal  
S. K. Medical College  
Muzaffarpur

*Attended*  
*mm*  
Associate Professor & HOD  
Department of Biochemistry  
S.K. Medical College, Muzaffarpur



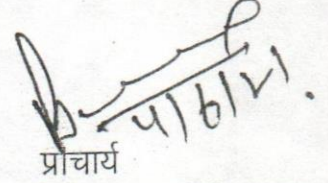
प्राचार्य का कार्यालय  
श्री कृष्ण चिकित्सा महाविद्यालय  
मुजफ्फरपुर

“यह जिनसे संबंधित है”

प्रमाणित किया जाता है कि डॉ० अनिल कुमार सिंह इस चिकित्सा महाविद्यालय में MD-Physiology (Session 2018-21) के छात्र थे तथा वे आर्यभट्ट ज्ञान विश्वविद्यालय, पटना द्वारा आयोजित MD/MS Examination, 2021 में शामिल होने वाले थे।

डॉ० सिंह कोरोना काल में अपने विभाग में उपस्थित रहते थे एवं संबंधित सभी विभागीय कार्य का सम्पादन करते थे। साथ ही उनकी ड्यूटी कोरोना वाई में भी लगाई गई थी, जहाँ अपने ड्यूटी के निर्वहन के दरम्यान कोरोना मरीजों के सम्पर्क में आने से वे कोरोना संक्रमित हो गये एवं इलाज के दौरान उनकी मृत्यु हो गई।

यह प्रमाण-पत्र उनके मृत्योपरान्त उनकी पत्नी के माँग के आलोक में निर्गत की जा रही है।

  
प्राचार्य

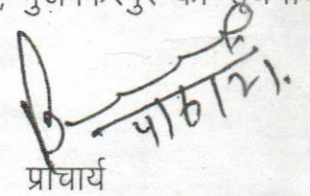
श्री कृष्ण चिकित्सा महाविद्यालय  
मुजफ्फरपुर  
**Principal**  
**S. K. Medical College**  
Muzaffarpur

ज्ञापांक:- 815/21

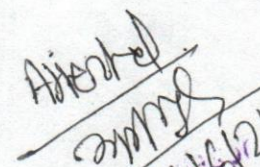
दिनांक:- 04/06/21

प्रतिलिपि:-

- 1) प्रभारी प्राध्यापक प्रशासन/Estate Officer, श्री कृष्ण चिकित्सा महाविद्यालय, मुजफ्फरपुर को सूचनार्थ प्रेषित।
- 2) बरसर/लेखापाल, श्री कृष्ण चिकित्सा महाविद्यालय, मुजफ्फरपुर को सूचनार्थ प्रेषित।
- 3) विभागाध्यक्ष, फिजियोलौजी विभाग, श्री कृष्ण चिकित्सा महाविद्यालय, मुजफ्फरपुर को सूचनार्थ प्रेषित।
- 4) कॉलेज वेबसाईट।

  
प्राचार्य

श्री कृष्ण चिकित्सा महाविद्यालय  
मुजफ्फरपुर  
**Principal**  
**S. K. Medical College**  
Muzaffarpur

  
Department of Biochemistry  
S.K. Medical College, Muzaffarpur



**Pradhan Mantri Garib Kalyan Package: Insurance Scheme for Health Workers Fighting COVID-19**

**FAQ's**

**Question 1:** What does this Scheme cover?

This accident insurance scheme covers;

- **Loss of life due to COVID19, and**
- **Accidental death on account of COVID-19 related duty.**

**Question 2:** What is the definition of Accident?

An accident is sudden, unforeseen and involuntary event caused by external, visible and violent means.

**Question 3:** Who all are covered under the scheme?

- Public healthcare providers including community health workers, who may have to be in direct contact and care of COVID-19 patients and who may be at risk of being impacted by this.
- Private hospital staff and retired /volunteer /local urban bodies/ contracted /daily wage /ad-hoc/outsourced staff requisitioned by States/ Central hospitals/ autonomous hospitals of Central/ States/UTs, AIIMS and INIs/ hospital of Central Ministries can also be drafted for COVID 19 related responsibilities.

**Question 4:** Who can be a volunteer under this scheme?

Volunteers are those who are drafted **by the Government Official authorized by Central/State/ UT Government** for care and may have come in direct contact of the COVID-19 patient

**Question 5:** Who are 'Private persons' under this scheme?

- Private persons are those who are engaged by both public & private health care institutions/organization through an agency and were deployed /drafted for care and may have come in direct contact of the COVID-19 patient (with the proof that the service of the agencies were engaged by the institution/organization).

**Question 6:** When does insurance coverage policy begins and ends?

- The duration of the policy is for a period of 90 days, starting from March 30, 2020.

**Question 7:** Is there any age-limit for health workers under this scheme?

- There's no age limit for this scheme.

**Question 8:** Is individual enrolment required?

- Individual enrolment is not required.



**Question 9:** Whether an individual is required to pay any premium to be eligible under the scheme?

- The entire amount of premium for this scheme is being borne by the Ministry of Health and Family Welfare, Government of India.

**Question 10:** What is the benefit available to the insured persons?

- INR 50 LAKHS will be paid to the claimant of the insured person.

**Question 11:** Is COVID-19 laboratory test mandatory for claiming the benefit?

- Laboratory report certifying positive medical test is required for loss of life on account of COVID-19. However, it is not required **in case of Accidental loss of life on account of COVID-19 related duty.**

**Question 12:** Whether expenses incurred on treatment or during quarantine are covered under the scheme?

- Any type of expenses related to treatment or quarantine is not covered.

**Question 13:** If a person is having another Personal accident policy or life insurance policy, what is the effect of the same on claim under this policy?

- The benefit/claim under this policy is in addition to the amount payable under any other policies.

**Question 14:** Documents required to claim benefits under this scheme?

**a. In case of Loss of life due to COVID19 following documents are required:**

- I. Claim form duly filled and signed by the nominee/claimant.
- II. Identity proof of Deceased (Certified copy)
- III. Identity proof of the Claimant (Certified copy)
- IV. Proof of relationship between the Deceased and the Claimant (Certified copy)
- V. Laboratory Report certifying having tested Positive for COVID-19 (in Original or Certified copy)
- VI. Death summary by the Hospital where death occurred (in case death occurred in hospital) (Certified copy).
- VII. Death Certificate (in Original)
- VIII. Certificate by the Healthcare Institution/ organization/ office that the deceased was an employee of /engaged by the institution and was deployed/drafted for care and may have come in direct contact of the COVID-19 patient. For community health care workers, the Certificate should be from Medical Officer of Primary Health Centre (PHC) that ASHA/ASHA Facilitator was drafted for work related to COVID-19.

**b. In case of Accidental loss of life on account of COVID-19 related duty following documents are required:**

- I. Claim form duly filled and signed by the nominee/claimant.
- II. Identity proof of Deceased (Certified copy)
- III. Identity proof of the Claimant (Certified copy)
- IV. Proof of relationship between the Deceased and the Claimant (Certified copy)
- V. Death summary by the Hospital where death occurred (in case death occurred in hospital)



(Certified copy).

- VI. Death Certificate (in Original)
- VII. Post-mortem Report (Certified copy)
- VIII. Cancelled Cheque (desirable) (in Original)
- IX. FIR (Certified copy)
- X. **Certificate by the Healthcare Institution/ organization/ office that the deceased was an employee of /engaged by the institution and had an accidental loss of life on account of COVID-19 related duty.**

**Question 15:** Whom to contact in case of any claim?

The institution/department the insured person was working for has to be informed. Insurance company also be intimated at email [id.nia.312000@newindia.co.in](mailto:id.nia.312000@newindia.co.in)

**Question 16:** What is the process of submission of claim?

- The claimant needs to fill up claim form along with necessary documents as prescribed and submit the same to Healthcare Institution/ organization/ office where the deceased was an employee of /engaged by the institution.
- The respective institution will give necessary certification and forward it to competent authority.
  - ↓ Competent authority for State/UT is Director General Health Services /Director Health Services/ Director Medical Education or any other Official specifically authorised by the State/UT Government for this purpose.
  - ↓ Competent authority for Central Government, Central Autonomous / PSU Hospitals, AIIMS, INIs and Hospitals of other Central Ministries is Director or Medical Superintendent or Head of the concerned institution.
- Competent authority will forward and submit claim to the insurance company for approval.

**Question 17:** Whom to contact from insurance company?

Divisional office CDU 312000 of The New India Assurance Co.Ltd. located at B-401, Ansal Chambers 1, Bhikaji Cama Place, New Delhi-110066.

**Contact persons:-**

1. Mrs.Sarika Arora, Divisional Manager, email [sarika.arora@newindia.co.in](mailto:sarika.arora@newindia.co.in) or [nia.312000@newindia.co.in](mailto:nia.312000@newindia.co.in)
2. Mr.N.Ravi Rao, Deputy Manager, email id [ravin.rao@newindia.co.in](mailto:ravin.rao@newindia.co.in) or [niadelbroker20@gmail.com](mailto:niadelbroker20@gmail.com)
3. Mr.Yogendra Singh Tanwar, Administrative Officer email id [yogendra.tanwar@newindia.co.in](mailto:yogendra.tanwar@newindia.co.in)

\*\*\*\*\*



**1. DOCUMENTS TO BE SUBMITTED ALONG WITH CLAIM FORM**

- I. Identity proof of Deceased (Certified copy)
- II. Identity proof of the Claimant (Certified copy)  
(Must fulfil clause 3 of this Form)
- III. Proof of relationship between the Deceased and the Claimant (Certified copy)
- IV. Laboratory Report certifying having tested Positive for COVID-19 (in Original or Certified copy)
- V. Death summary by the Hospital where death occurred (in case death occurred in hospital) (Certified copy).
- VI. Death Certificate (in Original)
- VII. Certificate by the Healthcare Institution/ organization/ office, as under:

**A. Those employees (Regular/Adhoc/Contractual/ Daily Wagers/ retired Government Officials/ Private individuals) who may have to be in direct contact and care of COVID 19 patients engaged by-**

- Health care facilities of Central/State/UT Governments/Urban Local Bodies.
- Autonomous/PSU hospitals of Central/State/UT Government, AIIMSS, INIs and Hospitals of Central Ministries
  - (i) Certificate of employment/engagement by the Head of Institution/ organization/office indicating that the Deceased was an employee of/engaged by the Institution.
  - (ii) Certify and submit proof that the deceased was deployed/drafted for care and may have come in direct contact of the COVID-19 patient.

**B. Private healthcare Institution:**

- (i) Certificate of Employment by the Director / Medical Superintendent / Head of the Institution.
- (ii) Certify and submit proof that the deceased was deployed/drafted for care and may have come in direct contact of the COVID-19 patient.

**C. Private person engaged by the Health Care Institutions / Organisations (both public and private) through an Agency:**

- (i) Certified copy of the document indicating that the services of the Agency were engaged by the Institution / Organisation.
- (ii) Proof of engaging the services of individual by the Agency.
- (iii) Certify and submit proof that the deceased was deployed/drafted for care and may have come in direct contact of the COVID-19 patient.