

**COVID-19**  
**INSURANCE SCHEME FOR**  
**HEALTH WORKERS**  
**MOST IMMEDIATE**



Secretariat,  
Chennai-600 009.

Phone: 91-44-2567 1875  
Fax: 91-44-2567 1253  
E-mail: hfwsec@gmail.com

**HEALTH AND FAMILY WELFARE (P1) DEPARTMENT**  
**Letter No.11346/P1/2020, dated. 21.04.2020**  
**Thiruvalluvar Aandu-2051, Sarvari, Chithirai-8**

From  
Dr (Tmt) Beela Rajesh, I.A.S.,  
Secretary to Government.

To  
All HODs under the Control of Health and Family Welfare Department.(w.e)

Sir / Madam,

Sub: Insurance Scheme for Health Workers fighting COVID-19 –  
publicity – requested.

- Ref:
1. From the Government of India, D.O.Z.21020/16/2020-PH, dated: 30.03.2020.
  2. From the Government of India, D.O.No. Z-18016/1/2020/PMGKP-NHMII, dated: 03.04.2020 and 10.04.2020.
  3. From the Government of India, D.O.No.S.16030/18/2019-NAM, dated: 13.04.2020.

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I am directed to enclose a copy of each of the reference cited wherein the Government of India has forwarded the details of procedure, claim certifying authority and documents to be submitted along with the claim form for the "Insurance Scheme for Health Workers Fighting COVID-19" and to request you to give wide publicity to this scheme to instill a sense of security among health workers fighting COVID-19.

Yours faithfully,

  
for Secretary to Government 21/4/2020

**Copy to:**

The Principal Private Secretary to Chief Secretary, Chennai – 600 009.  
The Senior Personal Assistant to Hon'ble Minister (Health), Chennai – 600 009.  
The Chief Ministers Office, Chennai – 600 009.  
Stock File / Spare Copy.



प्रीति सूदन, आईएएस  
सचिव

PREETI SUDAN, IAS  
Secretary



भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण विभाग  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
Government of India  
Department of Health and Family Welfare  
Ministry of Health and Family Welfare

D.O. No. Z.21020/16/2020-PH

Dated: 30<sup>th</sup> March, 2020

Dear Colleague,

Subject: 'Pradhan Mantri Garib Kalyan Package: Insurance Scheme for Health Workers Fighting COVID-19' – reg.

To give further momentum to India's efforts to fight COVID-19 and to assure our doctors and healthcare workers that their well-being is foremost for the Government, Central Government announced the "Pradhan Mantri Garib Kalyan Package: Insurance Scheme for Health Workers Fighting COVID-19" to provide an insurance [cover of Rs.50 lakh for ninety (90) days to a total of around 22.12 lakh 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. Also, on account of the unprecedented situation, private hospital staff/ retired/ volunteer/ local urban bodies/ contract/ daily wage/ ad-hoc/ outsourced staff requisitioned by States] Central hospitals/autonomous hospitals of Central/States/UTs, AIIMS & INIs/ hospitals of Central Ministries [can also be drafted for COVID-19 related responsibilities. These cases will also be covered under the said insurance scheme.] I am enclosing a copy of this Ministry's Order dated 28.03.2020.

2. In this context, I am happy to inform you that the Scheme has come into effect from today i.e., March 30, 2020 and insurance cover, provided by New India Assurance Company Limited, will be available for 90 days.

3. I request you to kindly give this wide publicity to instill a sense of security, appreciation and inclusion among all our healthcare providers and workers engaged in a tough battle against COVID-19.

Encl: as above

Yours sincerely,

(Preeti Sudan)

All Chief Secretaries / Administrators of UTs.

Room No. 156, A-Wing, Nirman Bhawan, New Delhi-110 011  
Tele : (O) 011-23061863, 23063221, Fax : 011-23061252, E-mail : secyhf@nic.in



Ministry of Health and Family Welfare  
Department of Health and Family Welfare

Nirman Bhawan, New Delhi

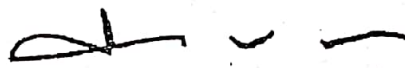
Dated 28.03.2020

ORDER

As per the announcement made under the Pradhan Mantri Garib Kalyan Package, the competent authority has approved the launch of 'Pradhan Mantri Garib Kalyan Package: Insurance Scheme for Health Workers Fighting COVID-19' with the following conditions:

- i. It will be a comprehensive personal accident cover of Rs. 50 lakh for ninety (90) days to a total of around 22.12 lakh 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. It will also include accidental loss of life on account of contracting COVID-19.;
- ii. On account of the unprecedented situation, private hospital staff/retired/volunteer/ local urban bodies/contract/daily wage/ ad-hoc/outourced staff requisitioned by States/ Central hospitals/autonomous hospitals of Central/States/UTs, AIIMS & INIs/ hospitals of Central Ministries can also be drafted for COVID19 related responsibilities. These cases will also be covered subject to numbers indicated by MoHFW;
- iii. The scheme will be funded through the NDRF Budget operated by the Health Ministry for this purpose;
- iv. Actual payment by the Insurance Company to the beneficiary will be under certification of the authorised Central/ State Government Officials; and
- v. The insurance provided under this scheme would be over and above any other insurance cover being availed by the beneficiary.

2. This Order is issued with the concurrence of Integrated Finance Division vide their CD no. 4593.

  
28.03.20 (Alok Saxena)

Joint Secretary to the Government of India



वन्दना गुरनानी, भा.प्र.से.

Vandana Gurnani, I.A.S.

अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)

Additional Secretary & Mission Director (NHM)



भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
निर्माण भवन, नई दिल्ली - 110011  
Government of India  
Ministry of Health & Family Welfare  
Nirman Bhavan, New Delhi - 110011

D.O. No. F.No. Z-18016/1/2020/PMGKP-NHM II

Dated 03<sup>rd</sup> April 2020

Dear All,

In continuation of letters by Secretary, MoHFW (D.O. No. Z.21020/16/2020-PH, dated 30<sup>th</sup> March 2020), addressed to all the Chief Secretaries/Administrators of the States/UTs and the Heads of all the Associations of Doctors/Healthcare providers regarding 'Pradhan Mantri Garib Kalyan Package: Insurance Scheme for Health Workers Fighting COVID-19', you are requested to kindly inform all such health care providers through various mediums like SMS, whatsapp, e-mail etc. in local language about their inclusion under Pradhan Mantri Garib Kalyan Package : Insurance Scheme for Health Workers Fighting COVID-19 in line with the enclosed order regarding this scheme.

The claim Form-I (Personal Accident Insurance Claim Form for loss of life due to COVID19) and Form-II (Personal Accident Insurance Claim Form for accidental loss of life on account of COVID-19 related duty) for the above scheme detailing the procedure, claim certifying authority and documents to be submitted along with claim form is also attached for your reference and disbursal.

I request you to give more publicity to this initiative to instill a sense of security among healthcare providers. In case of any clarifications, Dr. Manohar Agnani, JS (RCH) may be contacted by the States / UTs at [agnanim@ias.nic.in](mailto:agnanim@ias.nic.in).

with warm regards

Yours Sincerely,

  
(Vandana Gurnani)

1. Additional Chief Secretary / Principal Secretary / Secretary- Health, All States /UTs
2. Mission Directors, National Health Mission, All States / UTs

स्वच्छ भारत-स्वस्थ भारत

Tel. : 011-23063693 Telefax : 011-23061398 E-mail : [vandana.g@ias.nic.in](mailto:vandana.g@ias.nic.in)

: 2 :

Copy to the following Joint Secretaries to provide necessary instructions to concerned hospitals / institutions:

1. JS (Sunil Sharma) - All India Institute of Medical Sciences (AIIMS) across State/s, Post Graduate Institute of Medical Education & Research (PGIMER – Chandigarh), Jawaharlal Institute of Post Graduate Medical Education & Research (JIIPMER, Puducherry), Hospitals or other Medical Colleges under Pradhan Mantri Swasthya Suraksha Yojna (PMSSY) and any other hospitals under other ministries.
2. JS (Alok Saxena) - CGHS (Central Government Health Scheme).
3. JS (Dr. Nipun Vinayak) – Institutions of Raj Kumari Amrit Kaur College of Nursing, Mahatma Gandhi Institute of Medical Sciences (MGIMS), Sevagram, Maharashtra, Lady Reading Health School Delhi, Gandhigram Institute of Rural Health and Family Welfare Trust (GIRHFWT).
4. JS (Gayatri Mishra) - Hospitals (RML & PGIMER/ Safdarjung Hospitals and Vardhaman Mahavir Medical College , Lady Hardinge Medical College and Kalawati Saran Children Hospitals, Chandigarh and other regional institutions.

  
( Vandana Gurnani )



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.) \_\_\_\_\_
- (b) Father's name \_\_\_\_\_
- (c) Age at last birthday \_\_\_\_\_
- (d) Sex \_\_\_\_\_
- (e) Address \_\_\_\_\_
- (f) Profession/occupation \_\_\_\_\_

2.	(a) Date and Time of Death:	
	(b) Date of Laboratory diagnosis of COVID19	

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

3.1	Name of the Claimant (as per the Bank Account)	
3.2	Relationship with the Deceased	
3.3	Bank Name	
3.4	Branch and address	
3.5	Bank Account No.	
3.6	Bank Account Type	
3.7	IFSC Code	
3.8	MICR Code	

I, \_\_\_\_\_, 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:		
Address:		
Contact number:		
Date:		
Signature:		

Place and Date:

Signature of the Claimant

## **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.



#### **D. Community Health Workers (ASHAs and ASHA Facilitators)**

- (i) Certificate of engagement as ASHA/ASHA Facilitator provided by the Medical Officer of Primary Health Centre (PHC).
- (ii) Certificate by Medical Officer of Primary Health Centre (PHC) that ASHA/ASHA Facilitator was drafted for work related to COVID-19.

#### **E. Volunteer drafted for COVID 19 related responsibilities by the Government officials authorized by the Central/State/UT Government.**

- i. Proof of engaging the services of individual by the Government officials authorized by the State/UT Government.
- ii. Certify and submit proof that the deceased was drafted for care and came in direct contact of the COVID-19 patient.

## **2. CLAIM CERTIFYING AUTHORITY**

2.1 Claims related to a particular State/UT would be certified and forwarded by the Director General Health Services /Director Health Services/ Director Medical Education or any other Official specifically authorised by the State/UT Government for this purpose.

2.2 Claims related to health care facilities of Central Government, Central Autonomous / PSU Hospitals, AIIMS, INIs and Hospitals of other Central Ministries, would be certified and forwarded by Director or Medical Superintendent or Head of the concerned institution.

## **3. CLAIMANT**

3.1 In cases where the deceased was a Government servant (both serving and retired) of Central and State, or employee of Urban Local Body, insurance claim has to be submitted by a person appointed as nominee for Death cum Retirement Gratuity (DCRG) as per service record of the deceased and is to be certified by the concerned office.

3.2 For others, who are not covered under 3.1, they are to be governed by the priority list as being followed for deciding Railway accident claims.

## **4. CLARIFICATION**

In case of any clarification on matter of interpretation, the decision of Ministry of Health & Family Welfare, Government of India shall be final.

**FORM-II:**

**Personal Accident Insurance Claim Form for accidental loss of life on account of COVID-19 related duty**



**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 the Insured: Secretary, Ministry of Health and Family Welfare, Government of India, New Delhi**

**1. Details of Deceased who died in the accident :**

- (a) Full name (Ms./Mr.) \_\_\_\_\_
- (b) Father's name \_\_\_\_\_
- (c) Age at last birthday \_\_\_\_\_
- (d) Sex \_\_\_\_\_
- (e) Address \_\_\_\_\_
- (f) Profession/occupation \_\_\_\_\_

2.	(a) Date of the accident (b) Time of accident (c) Place of accident	
3.	FIR Number :	
4.	(a) Date and Time of Death (b) Has Post-mortem been conducted	
5.	Name and Relationship of the claimant with the deceased	

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

6.1	Name of the Claimant (as per the Bank Account)	
6.2	Relationship with the Deceased	
6.3	Bank Name	
6.4	Branch and address	
6.5	Bank Account No.	
6.6	Bank Account Type	
6.7	IFSC Code	
6.8	MICR Code	

I, \_\_\_\_\_ 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 Policy 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.

I also declare that the Deceased Person met with the accident while engaging in the work of attending to the patients suffering from Corona Virus (COVID 19).

	Claimant	Witness
Name :		
Address :		
Contact number :		
Date:		
Signature:		

Place and Date:

Signature of the Claimant



## **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. Death summary by the Hospital where death occurred (in case death occurred in hospital) (Certified copy).
- V. Death Certificate (in Original)
- VI. Post-mortem Report (Certified copy)
- VII. Cancelled Cheque (desirable) (in Original)
- VIII. FIR (Certified copy)
- IX. Certificate by the Healthcare Institution/ organization/ office, as under:
  - A. Those employees (Regular/Adhoc/Contractual/Daily Wagers/retired Government Officials/ Private individuals) 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 had accidental loss of life on account of COVID-19 related duty.
  - 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 had accidental loss of life on account of COVID-19 related duty.
  - 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 had accidental loss of life on account of COVID-19 related duty.
  - D. Community Health Workers (ASHAs and ASHA Facilitators)
    - (i) Certificate of engagement as ASHA/ASHA Facilitator provided by the Medical Officer of Primary Health Centre (PHC).
    - (ii) Certificate by Medical Officer of Primary Health Centre (PHC) that

ASHA/ASHA Facilitator had accidental loss of life on account of COVID-19 related duty.

**E. Volunteer drafted for COVID 19 related responsibilities by the Government officials authorized by the State/UT Government.**

- i. Proof of engaging the services of individual by the Government officials authorized by the State/UT Government.
- ii. Certify and submit proof that the deceased had accidental loss of life on account of COVID-19 related duty.

## **2. CLAIM CERTIFYING AUTHORITY**

2.1 Claims related to a particular State/UT would be certified and forwarded by the Director General Health Services /Director Health Services/ Director Medical Education or any other Official specifically authorised by the State/UT Government for this purpose.

2.2 Claims related to health care facilities of Central Government, Central Autonomous / PSU Hospitals, AIIMS, INIs and Hospitals of other Central Ministries, would be certified and forwarded by Director or Medical Superintendent or Head of the concerned institution.

## **3. CLAIMANT**

3.1 In cases where the deceased was a Govt. servant (both serving and retired) of Central and State, or employee of Urban Local Body, insurance claim to be submitted by a person appointed as nominee for Death cum Retirement Gratuity (DCRG) as per service record of the deceased and is to be certified by the concerned office.

3.2 For others, who are not covered under 3.1, are to be governed by the priority list as being followed for deciding Railway accident claims.

## **4. CLARIFICATION**

In case of any clarification on matter of interpretation, the decision of Ministry of Health and Family Welfare, Government of India shall be final.

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वन्दना गुरनानी, भा.प्र.से.  
Vandana Gurnani, I.A.S.

अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)  
Additional Secretary & Mission Director (NHM)



भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
निर्माण भवन, नई दिल्ली - 110011  
Government of India  
Ministry of Health & Family Welfare  
Nirman Bhavan, New Delhi - 110011

Dear Sir,

D. O No. Z.18016/1/2020-PMGKP/NHM-II(Pt File)  
Dated the: 10.04.2020

Kindly recall the conversation we had earlier today regarding the applicability of the insurance cover under the 'Pradhan MantriGaribKalyan Package: Insurance Scheme for Health Workers Fighting COVID-19'.

2. In this context it is clarified that w.e.f. 30.03.2020, Pradhan MantriGaribKalyan Package: Insurance Scheme for Health Workers Fighting COVID-19 has been launched for a period of 90 days.
3. It provides a comprehensive personal accident cover of Rs. 50 lakh for ninety (90) days to a total of around 22.12 lakh 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.
4. Further, private hospital staff and retired/volunteer/ local urban bodies/contract/daily wage/ ad-hoc/outsourced staff requisitioned by States/ Central hospitals/autonomous hospitals of Central/States/UTs, AIIMS & INIs/ hospitals of Central Ministries can also be drafted for COVID19 related responsibilities. These cases will also be covered under the Scheme.
5. It also provides coveragefor accidentalloss of life on account of Covid19 related duty.

Contd..



6. Therefore, as the Scheme covers all the healthcare providers who have been drafted for COVID related duties, who may have to be in direct contact of COVID-19 patients and who may be at risk of being impacted by this, it is clarified that all such healthcare providers are covered under the scheme, which, by implication, includes AYUSH doctors too.

*with warm regards*

Yours sincerely



(Vandana Gurnani)

Vaidya Rajesh Kotecha,  
Secretary,  
Ministry of Ayush  
Ayush Bhawan , New Delhi

Copy to:

- i. ACS / PSs / Secretary, Health of all the States/UTs
- ii. Mission Directors (NHM) of all the States/UTs



सत्यमेव जयते

**ROSHAN JAGGI**  
Joint Secretary  
Ministry of AYUSH  
INA, New Delhi-110023  
Phone:- 011-24651940  
Mobile:- 7678138964

भारत सरकार  
आयुर्वेद, योग व प्राकृतिक चिकित्सा  
यूनानी, सिद्ध एवं होम्योपैथी (आयुष) मंत्रालय  
आयुष भवन, 'बी' ब्लॉक, जी.पी.ओ. कॉम्प्लेक्स,  
आई.एन.ए., नई दिल्ली-110023

GOVERNMENT OF INDIA  
MINISTRY OF AYURVEDA, YOGA & NATUROPATHY  
UNANI, SIDDHA AND HOMOEOPATHY (AYUSH)  
"AYUSH BHAWAN", B-BLOCK, GPO COMPLEX  
INA, NEW DELHI-110023

**D.O. No. S. 16030/18/2019-NAM**  
**Dated: 13<sup>th</sup> April, 2020**

Dear Administrative Secretary,

As you are aware Government of India has constituted Empowered Groups of Secretaries to plan and ensure implementation of COVID-19 response activities. Secretary, Ministry of AYUSH is member of "Group 4" which deals with 'Augmenting Human Resources and Capacity Building'.

In this regard as a follow up, an online training of "Master Trainers" has been conducted jointly by Ministry of Health and Ministry of AYUSH on 4<sup>th</sup> April, 2020. In the said training, District wise AYUSH Master Trainers as identified by AYUSH authorities of respective States /UTs, had been trained and States/UTs have been advised to ensure that these master trainers may further take up the task of imparting training to AYUSH manpower in a cascading approach. The trained pool of AYUSH manpower thus available in each District may be used for various activities taken up for containment of COVID-19 pandemic by the district administration.

It is pertinent to mention here that w.e.f. 30.03.2020, under Pradhan Mantri Garib Kalyan Package announced by GoI: Insurance Scheme for Health Workers Fighting COVID-19 has been launched for a period of 90 days. With regard to coverage of AYUSH Doctors under this insurance scheme, it has been clarified by the Ministry of Health & Family Welfare vide letter D.O. No.Z.18016/1/2020-PMGKP/NHM-II (Pt File) dated 10.04.2020 and Z.18016/1/2020/PMGKP/NHM-II dated 03.04.2020 that all such healthcare providers who are deployed with COVID-19 containment related duties and may be at risk of being impacted by way of being in direct contact of COVID-19 patients. are covered under the scheme, which, by implication, includes AYUSH doctors too. (Copy of the D.O. letters are enclosed).

Therefore I would request you to take appropriate follow up action in this regard. The details are given in the letters of Health ministry which are enclosed herewith.

With warm regards,

Yours sincerely,

Encl. as above

  
(ROSHAN JAGGI)

To,

**Addl. Chief Secretaries/Principal Secretaries/ Secretaries (AYUSH/Health)**  
**of all States/UTs.**