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भारत सरकार
Government of India
परमाणु ऊर्जा विभाग
Department of Atomic Energy
निर्माण सेवा एवं संपदा प्रबंध निदेशालय
Directorate of Construction, Services & Estate Management
स्थापना अनुभाग II Establishment II Section

Ref No. DCSEM/Medical Expenses/2022/Estt II/95

Date: 10/02/2022

CIRCULAR

Subject: Reimbursement of cost of COVID-19 vaccine to CHSS beneficiaries

Reference is invited to DAE Note No. IRW-201(12)/15/2021/6936 dated 16/06/2021 and subsequent OM No. 201(12)/15/2021/IR&W/10141 dated 30/08/2021 on the above cited subject (copy enclosed).

2. Accordingly, the Competent Authority in this Directorate has decided to **reimburse the cost of COVID-19 vaccine in respect of Serving employees/ Pensioners /dependent CHSS beneficiaries** as approved by Department as per rates prescribed in the DH&FW OM dated 08/06/2021 subject to production of appropriate supporting documents and adhere to all prescribed procedure as is envisaged during any other medical reimbursement. The cost of vaccine rates prescribed is as under.

Sr. No.	Vaccine	Maximum ceiling (Rs.)
1	Covishield	780
2	Covaxin	1,410
3	Sputnik V	1,145

3. The guidelines for claim submissions are as follows:

a. All CHSS beneficiaries may submit the reimbursement of Cost of COVID-19 Vaccine claim form along with the following documents:

i) Certificate of COVID-19 vaccination- 1st/2nd dose issued by the Ministry of Health and Family welfare, New Delhi on COWIN

ii) Cash receipt and

iii) Copy of CHSS cards

b. The employees who have availed vaccine through Voluntary Special Vaccination (Teekakaran Abhiyaan) drive shall apply by attaching certificate of COVID-19 vaccination- 1st / 2nd dose issued by the Ministry of Health and Family welfare, New Delhi on COWIN along with Medical expenses Claim form and Copy of CHSS cards of beneficiaries. Accounts Section, DCSEM will not insist for any cash receipt in this regard as the cost of vaccine has already been deducted through their Pay and Allowances. Copy of pay slip in which recovery was made to be attached.

c. **The reimbursement of vaccination should be claimed on or before <u>31/03/2022.</u>**

4. All Heads of Divisions/Sections of DCSEM are requested to bring this to the notice of all the concerned employees in their Divisions/ Sections.

5. This issues with the concurrence of JC(F&A), DCSEM and approval of CAO, DCSEM.

Asha Jaison 10.2.2022

(Asha Jaison)
Administrative Officer III

Encl. : 1) Application form 'A' (for Serving Officials)
2) Application form 'B' (for Pensioners)

Heads of Divisions/Sections, DCSEM
JC (F&A), DCEM
All Officials of DCSEM.

(FORM A)

Government of India
Department of Atomic Energy
Directorate of Construction, Services & Estate Management

Application for claiming reimbursement of cost of COVID-19 Vaccine to CHSS beneficiary

1. Name : .....
2. Designation : .....
3. Emp no./CC No. :.....
4. CHSS No :.....
5. Amount Claimed :.....
6. Contact No. : .....
7. Particulars of members of family (including self) in respect of whom the **reimbursement** is claimed:

Sr. No.	Name	Age	Relationship with the Govt. servant	Amount claimed
			Total	

Copy enclosed.-

1. Certificate of Cowin vaccination issued by MoHFW, New Delhi ☐
2. Cash Receipt ☐
3. Copy of CHSS cards of beneficiary ☐
4. Copy of pay slip in which recovery was made ☐

Signature of applicant

To,
APO, Estt I/II,
DCSEM.

(for use in Establishment section)

It is certified that family members of Shri/Smt _____ at Sl No. _____, is/is not a CHSS beneficiary.

APO,Estt.

To,
AAO, Salary,
DCSEM.

(for use in Accounts Division)

Admitted and passed for payment of Rs _____ through Salary for _____.

DA/AA

AAO

(FORM B)

Government of India
Department of Atomic Energy
Directorate of Construction, Services & Estate Management

Application for claiming reimbursement of cost of COVID-19 Vaccine to CHSS beneficiary

1. Name : .....
2. Designation : .....
3. Emp no./CC No. : .....
4. CHSS No : .....
5. Amount Claimed : .....
6. Date of Cessation of Service : .....
7. Contact No. : .....
8. Particulars of members of family (including self) in respect of whom the **reimbursement** is claimed:

Sr. No.	Name	Age	Relationship with the Govt. servant	Amount claimed
			Total	

Copy enclosed.-

1. Certificate of Cowin vaccination issued by MoHFW, New Delhi ☐
2. Cash Receipt ☐
3. Copy of CHSS cards of beneficiary ☐

Signature of applicant

To,
AAO,
Salary,
DCSEM.

(for use in Accounts Division)

Admitted and passed for payment of Rs _____ through Salary for _____.

DA/AA

AAO