

**Directorate General of Human Resource Development
Indirect Taxes & Customs
Infrastructure and Welfare Wing
C-4, IRCON Building
District Centre, 110 017

Saket, New Delhi
Dated the December, 2020

OFFICE MEMORANDUM

Subject: Clarification regarding COVID-19 Ex-Gratia Financial Assistance Scheme-reg.

Your kind attention is invited to the Revised Consolidated Guidelines for grant of ex-gratia financial assistance issued by this office vide F. No. 712/19/HRD/WF-II/12 dated 13.04.2020 wherein ex-gratia financial assistance has been extended in cases of deaths attributable to COVID-19 contracted while on duty.

2. One of the eligibility conditions therein states that "*The primary cause of death of staff/official must be coronavirus disease (COVID-19) supported by a medical certificate.*" It has been observed that the said certificates are being submitted in varying formats and often without stating COVID-19 as a cause of death.

3. In this context, it is hereby brought to notice that an MCCD (*Medical Certificate of Cause of Death*) as prescribed by the Registration of Births & Deaths Act, 1969 (copy enclosed) duly signed/certified by authorised medical attendant/practitioner may preferably be submitted along with the application seeking COVID-19 ex-gratia financial assistance. In accordance with the existing ICMR guidelines, only those cases where cause of death is stated as COVID-19 in Part-1 of the said MCCD, will be eligible for consideration for COVID-19 ex-gratia assistance. In case the MCCD in the said formats is not available, the medical/death certificate issued by the Hospital should state that COVID-19 is one of the immediate/antecedent/primary/underlying causes of the death.

4. Accordingly, all concerned officers may ensure while forwarding the Ex-Gratia proposals that, in cases of COVID-19 deaths, a medical certificate as described above is enclosed in the prescribed format along with other requisite documents.

5. Further, the concerned officers are requested to facilitate grieving family, if required, by assisting them in procuring the requisite medical certificates.

6. Contents of this OM may be brought to the notice of all concerned.

Enclosures: As above


14.12.2020
**Sucheta Sreejesh
Additional Director General (I&W) &
Member-Secretary Governing Body (Welfare Fund)**

Copy to:-

- (i) The Pr. Directors General/ Pr. Chief Commissioners (All)
- (ii) The Directors General/ Chief Commissioners (All)
- (iii) The Pr. Additional Directors General/Commissioners (All)
- (iv) The Additional Directors General/ Commissioners (All)
- (v) The Joint Secretary (Admin.), CBIC, New Delhi/Director General C.E.I.B/ Director General, N.C.B/ Chief Commissioner, Authority for Advance Rulings/ Competent Authority, SAFEMA/ Narcotics Commissioner, C.B.N/ Chief Controller of Factories/Commissioner, Settlement Commission, DG Anti-Profitteering, CDR, CESTAT, Enforcement Directorate with a request to apprise the officials borne on the strength of Indirect Taxes and Customs and presently working under their jurisdiction/ charge, about clarification in COVID-19 Ex-Gratia Scheme..
- (vi) Webmaster.cbic@icegate.gov.in with a request to place this letter on the CBIC's website. Mention may also be made of the scheme in the headlines being flashed.

Sucheta Sreejesh
14-12-2020

Sucheta Sreejesh
Additional Director General (I&W) &
Member-Secretary Governing Body (Welfare Fund)

FORM NO. 4A

(See Rule 7)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(For non-institutional deaths. Not to be used for still births)

To be sent to Registrar along with Form No. 2 (Death Report)

I hereby certify that the deceased Shri/Smt/.Km..... son of/wife of/daughter of resident of was under my treatment fromto and he/she died on at AM/PM.

NAME OF DECEASED					For use of Statistical Office
Sex	Age at Death				
	Age in completed years	If less than 1 year age in months	If less than one month age in Days	If less than one day, age in Hours	
1. Male 2. Female					
CAUSE OF DEATH				Interval between on set & death approx.	
I Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia etc.		(a) Due to (or as a consequences of)			
Antecedent cause Morbid conditions, if any, giving rise to the above Cause, stating underlying condition last		(b) Due to (or as a consequences of)			
II Other significant conditions contributing to the death but not related to the disease or conditions causing II		©			

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No
If yes, was there a delivery? 1. Yes 2. No

Name and signature of the Medical Attendant certifying the cause of death
Date of Certificate

(To be detached and handed over to the related of the deceased)
Certified that Shri/Smt/Km S/W/D of Shri R/O
..... Was under treatment from to And he/she
expired on at AM/PM

Doctor
Signature and address of Medical Practitioner/
Medical attendant with Registration No.

FORM NO. 4

(See Rule 7)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(Hospital in-patients. Not to be used for still births)

To be sent to Registrar along with Form No. 2 (Death Report)

Name of the Hospital

I hereby certify that the person whose particulars are given below died in the hospital in Ward No. On at AM/PM.

NAME OF DECEASED					
Sex	Age at Death				For use of Statistical Office
	If 1 year or more, age in years	If less than 1 year, age in months	If less than one month, age in Days	If less than one day, age in Hours	
1. Male					
2. Female					
CAUSE OF DEATH					Interval between onset & death approx.
I. Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia etc.					(a)..... Due to (or as a consequences of)
Antecedent cause Morbid conditions, if any, giving rise to the above Cause, stating underlying condition last					(b)..... Due to (or as a consequences of)
II Other significant conditions contributing to the death but not related to the disease or conditions causing II					©

Manner of Death

1. Natural 2. Accident 3. Suicide 4. Homicide
 5. Pending Investigation

How did the injury occur?

 If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No
 If yes, was there a delivery? 1. Yes 2. No

Name and signature of the Medical Attendant certifying the cause of death
 Date of verification

(To be detached and handed over to the related of the deceased)

Certified that Shri/Smt/KmS/W/D of Shri.
 R/Owas admitted to this hospital on and expired on

Doctor
 (Medical Supdt.
 Name of Hospital