



**GOVERNMENT OF SIKKIM  
LAND REVENUE & DISASTER MANAGEMENT DEPARTMENT  
GANGTOK 737101**

**No.5/LR&DMD**

**Dated: 26/11/2021**

**NOTIFICATION**

Whereas, in compliance of the order dated 30.06.2021 passed by the Hon'ble Supreme Court of India, in the matter W.P(C) No. 539 of 2021 and W.P.(C) No 554 of 2021, the National Disaster Management Authority (NDMA) , Government of India vide letter no.16/11/20-21-RR, dated 11<sup>th</sup> September,2021 and the Ministry of Health and Family Welfare(MoHFW) & Indian Council of Medical Research(ICMR), vide Office Memorandum No. C.18018/11/2021-DMCell, dated 3<sup>rd</sup> September,2021 have issued guidelines for Ex-Gratia Assistance to the next kin of the Deceased who have died by COVID-19 as mandated under section 12(iii) of the Disaster Management Act, 2005.

**Now therefore,** with a view to achieve the above objectives, the State Government is pleased to notify following guidelines in relation to Covid-19 :-

1. An ex-gratia payment of Rs.50,000/- ((fifty thousand only) per deceased person, including those involved in relief operations of associated preparedness activities, subject to the cause of death having occurred within the State, being certified as COVID-19 death, as per the guidelines issued by MoHFW and ICMR, shall be provided to the next of kin of the deceased.
2. The ex-gratia assistance shall be provided from the State Disaster Response Fund (SDRF).
3. The District Disaster Management Authority hereinafter referred to as "DDMA" would disburse the ex-gratia assistance to the next of kin of the deceased persons. The concerned families shall submit their claims through a prescribed form issued by Sikkim State Disaster Management Authority (Annexure-1) alongwith specified documents including the death certificate that certifies the cause of death to be COVID-19. The DDMA will ensure that the process of claim, verification, sanction and the final disbursement of ex-gratia payment will be through a robust yet simple and people-friendly procedure. All claims must be settled within 30 (thirty) days of submission of required documents and disbursed through Aadhaar linked Direct Benefit Transfer procedures.

o/c

4. In case of any grievances with regard to certification of the death, as prescribed in the MoHFW and ICMR guidelines, the Grievance Redressal Committee constituted at district level will propose remedial measures, including issuance of amended official document of COVID-19 death after verifying the facts in accordance with these guidelines in a prescribed form (Annexure -II). In case the decision of the committee is not in favour of the claimant a clear reason for the same shall be recorded. The Grievance Redressal Committee at district level shall consist of the following members :-


- (i) Additional District Collector, all districts- Chairman.
- (ii) Chief Medical Officer, Health Department of the concerned district-Member
- (iii) District Medical Superintendent/HOD, Medicine, Health Department of the concerned district- Member.

5. The Ex-Gratia assistance to families affected by COVID-19 deaths will continue to be provided for deaths that may occur in the future phases of the COVID-19 pandemic as well, or until further notification.

By order and in the name of the Governor.

Sd/-

(Sarala Rai, IAS)  
Secretary - cum - Relief Commissioner,  
Land Revenue & Disaster Management Department

  
(Dushyant Pariyar)  
Special Secretary,  
Land Revenue & Disaster Management Department



APPLICATION FORMAT  
**APPLICATION FOR EX -GRATIA FINANCIAL ASSISTANCE  
 TO THE FAMILY OF THE VICTIMS OF COVID-19**

To,  
 The.....,  
 .....  
 .....

Photo of the  
 Applicant

Sir/Madam,

I, Shri/Smt/Kum. -----hereby apply for Ex-gratia financial assistance to the family of the Victims of COVID-19.----- /----- /-----

**I. Details of person expired due to COVID -19**

- i.Name:-----
- ii. Father's/Husband's Name: -----
- iii. Residential Address:-----  
 House No.----- Ward -----  
 Village/Town ----- Constituency-----  
 District: -----State:-----
- iv. Date of Birth/Age: -----
- v. Gender:- Male/Female/Transgender: -----
- vi. Whether Belongs to SC/ST/OBC/Minority/Person with Disabilities/General: -----
- vii. Aadhar card No.: -----
- viii. Date of death: -----
- ix. Date of Medical Certificate issued and details (copy to be enclosed): -----

**II. My particulars are as under.**

- i. Name: -----
- ii. Father's/Husband's Name: -----
- iii. Relationship with the deceased person: -----
- iv. Residential Address  
 House No.-----Ward -----  
 Village/Town ----- Constituency-----  
 District-----
- v. Date of Birth/Age: -----
- vi. Gender:- Male/Female/Transgender: -----
- vii. Whether Belongs to SC/ST/OBC/Minority/Person with Disabilities/General-----

- viii. Aadhar card No.: -----  
ix. Contact No.: -----  
x. Email Id (If any) -----  
xi. Bank account details (copy of bank pass book/cancelled cheque)

**III. Details of other family members of the deceased.**

- 1.
- 2.
- 3.
- 4.
- 5.

**DECLARATION**

I, hereby declare that:-

1. I have not availed the benefit of such scheme sponsored by Government or any other agency in the past.
2. The contents mentioned in the application are correct to the best of my knowledge and belief and nothing has been concealed therein.
3. I undertake that the Ex-gratia amount shall be utilized for entire family.
4. I undertake to return the Ex-gratia amount, if my declaration is proved to be wrong and liable for all Civil/Criminal action in case of any wrong declaration.

Date: -----

Name: -----

-----  
Signature of the applicant

**Documents to be submitted alongwith the application**

1. Death certificate issued by the competent authority.
2. Medical Certificate in the prescribed proforma issued by the concerned Hospitals where the victim expired due to COVID-19.
3. Identification document: voter card/Adhaar Card as mandated above

**OFFICIAL DOCUMENT FOR COVID-19 DEATH**

{Issued in compliance to the Hon'ble Supreme Court Judgment dated 30<sup>th</sup> June 2021 in WP (Civil) No.539 & WP (Civil) 554 of 2021}

Shri/Smt./Kum.....s/w/d of Shri.....  
R/O.....(address of the deceased at the time  
of death) expired on.....(date of death)at.....(place  
of occurrence of death). This death is registered vide registration number.....in the  
office of Registrar of Births and Deaths.....(address of local registrar as per  
death certificate).

The Covid-19 Death Ascertaining Committee (CDAC) hereby certifies that the said person  
"Died due to COVID-19".

Name and signature of the Chairman of CDAC

Place of Issue.....

Date of issue.....

Document No.....

To:

1. The family member of the deceased (Name & address), who applied to the CDAC.
2. Registrar of Birth & Death, who issued the death certificate
3. Chief Registrar of Birth & Death of the concerned State/UT
4. ....
5. ....