

ए.बी.एक्स / PABX : 26588980, 26588707,26589336,26589745
26589873, 26589414

फैक्स / FAX : 011-26588662, 011-26859791, 011-26589258

तार/GRAM: विज्ञानी/SCIENTIFIC

web-site : www.icmr.nic.in

E-mail : icmrhqds@sansad.nic.in



भारतीय आयुर्विज्ञान अनुसंधान परिषद

INDIAN COUNCIL OF MEDICAL RESEARCH

स्वास्थ्य अनुसंधान विभाग (स्वास्थ्य एवं परिवार कल्याण मंत्रालय)

DEPARTMENT OF HEALTH RESEARCH (MINISTRY OF HEALTH & FAMILY WELFARE)

वी. रामलिंगस्वामी भवन, अन्सारी नगर, पोस्ट बॉक्स 4911, नई दिल्ली-110 029

V.RAMALINGASWAMI BHAWAN, ANSARI NAGAR, POST BOX-4911, NEW DELHI-110029

No.18/3/2018-Admn-II

Dated: 11.9.2018.

To

The Directors/Directors-in-Charge of
Permanent Institutes/Centres of ICMR.

Subject : Guidelines framed by DoT to grant compensation in cases of death/permanent incapacitation of persons due to unintended/unforeseen occurrences during maintenance, operation and provision of public services-adoption by other ministries/departments and government entities functioning under their respective administrative control-reg.

Sir/Madam,

Please find enclosed herewith a copy of letter No. A.26011/02/2017-HR dated nil received from Deptt. of Health Research, New Delhi alongwith its enclosures on the subject mentioned above for information and necessary action.

Yours faithfully,

(Bharat Bhushan)
Sr. Administrative Officer
for Director General

Encl : As above

Copy to:-

1. PS to DG/PS to Addl. DG/Sr. DDG (A)/Sr. FA
2. All Divisional Heads
3. Asstt. Director-General (Admn.) (AX)/(RR)
4. S.O. Admn-I
5. Dr. Chanchal Goyal, Scientist'D' – soft copy of the same has been mailed at your email ID(drcgicmr@gmail.com) for website upload.

F.No.A.26011/02/2017-HR
Government of India
Ministry of Health & Family Welfare
(Department of Health Research)

Second Floor, IRCS Building,
Red Cross Road, New Delhi
Dated the

To,

- I. Director General,
Indian Council of Medical Research,
Ansari Nagar, New Delhi-110029
- II. The Director,
Bhopal Memorial Hospital and Research Centre,
Raisen By-pass Road, Karond, Bhopal – 462038.

DG, ICMR OFFICE
E-DIARY NO. 545-440
DATE: 31/8/2018

Subject: Guidelines framed by DoT to grant compensation in cases of death/ permanent incapacitation of persons due to unintended/unforeseen occurrences during maintenance, operation and provisioning of public services- adoption by other ministries/ departments and government entities functioning under their respective administrative control-reg.

Sir/ Madam,

I am directed to convey the sanction of the Competent Authority to the adoption of Guidelines framed by the Department of Telecommunication to grant compensation in cases of death/ permanent incapacitation of persons due to unintended/unforeseen occurrences during maintenance, operation and provisioning of public services.

2. The detailed guidelines alongwith the relevant annexures are enclosed herewith for compliance.

Sd/- (A)
BH
31/8

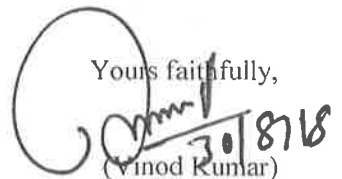
Enclosed: As above

Imp
AFC (A7)
A
31/8/18

Sd/- (A)

So (AII)
RO
4/9/18

21/08
Prasad
34/8/18
Dy. No. 202
04/09/2018

Yours faithfully,

(Vinod Kumar)

Under Secretary to the Govt. of India
Tele: 23736089

**GUIDELINES FOR SETTLEMENT OF CLAIMS FOR COMPENSATION ON ACCIDENT
ADOPTED BY THE DEPARTMENT OF HEALTH RESEARCH AND AUTONOMOUS
BODIES/SUBORDINATE OFFICES UNDER ITS CONTROL**

1. **Title:** These guidelines would be called as guidelines for settlement of claims for compensation.
2. **Effective date:** The guidelines would be effective from the date of approval of Hon'ble Minister of Health and Family Welfare.
3. **Applicability:** These guidelines would govern the settlement of compensation claims arising out of accidents resulting into loss of life or permanent disability.
4. **Definitions:**
 - a) **Accident:** Any death or permanent disability resulting solely and directly from any unintended and unforeseen injurious occurrence caused during the maintenance, operation and provisioning of any public service undertaken by the Department.
 - b) **Competent Authority:** Competent Authority means Secretary to Government of India in the Department.
 - c) **Department:** Means Department of Health Research and for the purpose of the present Guidelines includes, *AUTONOMOUS BODIES/SUBORDINATE OFFICES*, under the control of the Department of Health Research.
 - d) **Dependent:** As defined in the Employee's Compensation Act, 1923.
 - e) **Designated Officer:** An Officer designated by the Competent Authority of the Grade of Joint Secretary or equivalent for the purpose of receiving and processing claims for compensation under the present Guidelines.
 - f) **Victims:** Any person who suffers permanent disablement or dies in an accident as defined in these Guidelines.
 - g) **Permanent Disablement:** A disablement that is classified as a permanent total disablement under the proviso to Section 2 (1) of The Employee's Compensation Act, 1923.
5. **Detailed Accident Report:-** The report prepared by the police within a period of 30 days from the date of incident as per Schedule -1 of this guidelines.
Explanation:- For the purpose of the preparation of the detailed accident report, the word "injury" as referred in Schedule -1 refers to "permanent disability" as mentioned in clause 4(i) of the guidelines.
6. **Extent of Liability:** On the occurrence of any "accident" as defined under these Guidelines, the Department shall whether or not there has been any wrongful act, neglect or default on its part and notwithstanding anything contained in any other law, be liable to pay compensation to such extent as prescribed below:
 - (i) In the event of death or permanent disability resulting from loss of both limbs: Rs 10,00,000/- (Rupees Ten Lakh)
 - (ii) In the event of other permanent disability: Rs.7,00,000/- (Rupees Seven Lakh)
7. **Procedure for settlement of claims in respect of compensation**
 - a) The victim or his/her dependents would make an application within a period of 90 days of the accident to the Designated Officer under whose jurisdiction the accident had occurred, The application should be accompanied by the following documents:
 - (i) Proof of age of the victim.
 - (ii) Death Certificate of victim
OR Permanent disability certificate issued by the Medical Board authorized by the Government.
 - (iii) Certified copy of FIR lodged in respect of accident.
 - (iv) Proof of applicant's relation with the victim/Dependency certificate.
The Designated Officer may seek any further documents for settlement of claim to its satisfaction. Provided that where there are more than one dependent, the Applicant must mention their name, addresses and relations with the victim and the Designated Officer may at its own discretion issue notice to all before releasing the compensation.
 - b) The Designated officer on receipt of above application shall take into consideration the Detailed Accident Report submitted by the Police Authority would process the claims of compensation on priority basis but would not take more than 30 days for disposing off the same in any case.
 - c) The Designated Officer, in case where no application is received from the victim/dependents of victim. May on receipt of the detailed accident report proceed suo-moto to initiate the process for consideration for grant of the compensation to the victim/dependent of the victim.
 - d) With effect from the date of the present Guidelines, all contracts/agreements to be entered into by the Department with any person or agency for maintenance, operation and provisioning of public

service would invariably include a clause whereby any compensation paid under these guidelines shall be recoverable from such person, agency or firm.

- e) In no case, a claim for appointment of any of the dependents on compassionate grounds would be entertained by the Department.

8. Method of Disbursement of compensation

- (i) The amount of compensation so awarded shall be deposited in a Nationalized Bank or if the branch of a Nationalized Bank is not in existence, it shall be deposited in the branch of a scheduled commercial bank, in the joint or single name of the victim/dependent(s). Out of the amount so deposited, 75% (seventy five percent) of the same shall be put in a fixed deposit for a minimum period of one year and the remaining 25% (twenty five percent) shall be available for utilization and initial expenses by the victim/dependent(s) as the case may be.
- (ii) In the case of a minor, 75% of the amount of compensation so awarded shall be deposited in the fixed deposit account and shall be drawn only on attainment of the age of majority, but not before one year of the deposit. Provided that in exceptional cases, amounts may be withdrawn for educational or medical needs of the beneficiary at the discretion of the Department.
- (iii) The interest on the sum shall be credited directly by the bank in the savings account of the victim/dependent(s) on monthly basis.

9. **Appeal:** An appeal against the decision of the Designated Officer in respect of the amount of compensation or rejection of such claim shall be made to competent authority within a period of 30 days of such decision. The Competent Authority would decide the same within 30 days of receipt of such appeal.

SCHEDULE-I

PART-I - PARTICULARS OF THE ACCIDENT	
1.	FIR No. ..., Date and Under Section
2.	Name of the Police Station
3.	Date, Time, Place of the accident
4.	Who reported the accident to the police
5.	Name of the Person who took the victim to the hospital and Name of the Hospital
6.	Whether any hospital denied treatment to the Victim?
7.	Nature of the accident :- (i) Whether resulted in death or injury or both? (ii) Number of persons injured/died.
8.	Name and Contact No. of the Investigating Officer
9.	Name of the witnesses of the accident
10.	Description of the accident

PART- II - IMPACT OF THE ACCIDENT ON THE VICTIMS

<p>1.</p>	<p>Death Cases :-</p> <ul style="list-style-type: none">a) Name and Address of the deceased b) Age c) Gender d) Education e) Occupation f) Income (Monthly) g) Legal Heirs/Guardian<ul style="list-style-type: none">i. Name ii. Relationship iii. Age iv. Address v. Contact No.	
<p>2.</p>	<p>Injury Cases (permanent disablement)</p> <ul style="list-style-type: none">a) Name and address of the injured b) Age	

c) Gender

d) Education

e) Occupation

f) Income (Monthly)

g) Details of family dependant of the victim
MLC No.

h) Nature of Injuries

i) Name of the Hospital where the injured treated

j) Whether victim refused medical treatment

k) Period of hospitalization

l) Period of treatment

m) Whether treatment continuing

n) Name, address and contact number of the doctor
(s) who treated the injured

o) Whether the injured underwent any surgery? If
yes, then give particulars.

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	<p>p) Whether suffered any permanent disability.</p> <p>q) Expenditure incurred on treatment conveyance, special diet, attendant etc. Give details, if available.</p> <p>r) Whether the Injured got reimbursement of medical expenses from his employer or under a mediclaim policy. Give details, if available.</p> <p>s) Whether the Injured was provided cashless treatment by the Insurance Company? Give details, if available.</p>	
3.	Any other relevant information.	

PART-III - RELEVANT DOCUMENTS TO BE ATTACHED		
1.	First Information Report	
2.	Photographs of the scene of the accident from all angles	
3.	Statement of the witnesses recorded by the Police.	
4.	Scientific report, if the Victim was under the influence of any liquor/drugs	
5.	<p>In case of Death.</p> <p>a) Post Mortem Report</p> <p>b) Death Certificate</p> <p>c) Photograph and proof of the identity of the Dead.</p>	

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	<p>d) Proof of legal representatives of the deceased.</p> <p>e) Photograph, specimen, signatures attested by the bank and identify proof of the legal representatives of the deceased.</p> <p>f) Treatment of the deceased with name and address of the Hospital.</p> <p>g) Bank account No. of the legal representatives of the deceased.</p>	
6.	<p>In case of Injury.</p> <p>a) MLC</p> <p>b) Multi angled photographs of the Injured</p> <p>c) Photograph, specimen, signatures attested by the bank and identify proof of the Injured.</p> <p>d) Disability certificate</p>	
7.	Any other relevant information.	

VERIFICATION

Verified at _____ on this _____ of _____, that the contents of the above report are true and correct and the documents mentioned in Part III have been verified.

Station House Officer
(Name and Stamp)

Assistant Commissioner of Police
(Name and Stamp)