

**Administration of
Dadra & Nagar Haveli and Daman & Diu (UT)
Dadra & Nagar Haveli and Daman & Diu Disaster Management Authority
(DNHDDDMA)
Phone: 0260 - 225300; Email id: eoc-dnhdd@nic.in**

No. 2/63/COL/DMN/DM/SC-WP (C) -529/2021-22/2340

Date: 26 /11/2021

PRESS RELEASE

The UT Administration, Dadra & Nagar Haveli and Daman & Diu has issued a Notification regarding **COVID-19 Ex-gratia assistance of ₹50,000/- (Rupees Fifty Thousand Only) to the next kin of the deceased person dead due to COVID-19 in UT of Dadra & Nagar Haveli and Daman & Diu.**

The next of the kin / family of the deceased person dead due to COVID-19 in Dadra & Nagar Haveli and Daman & Diu has to submit their claims through an application form issued by UT Administration of Dadra & Nagar Haveli and Daman & Diu (<http://dddcovid19.in/> and <https://ddd.gov.in/>) along with specified documents, including the death certificate that certifies the cause of death to be COVID-19 addressed to the Chairperson, District Disaster Management Authority/District Collector at the respective District Collectorate: -

Dadra & Nagar Haveli	Daman	Diu
Collector, Dadra & Nagar Haveli; District Disaster Management Authority, Collectorate, Silvassa 396 230	Collector, Daman; District Disaster Management Authority, Collectorate, Dholar, Moti Daman 396 220	Collector, Diu; District Disaster Management Authority, Collectorate, Diu 362 520

The respective Collectorate shall examine each application with documents, verify, process and release the Ex-gratia amount within 30 days of submission of the claim.

In cases where the Medical Certificate of Cause of Death (MCCD) is not available or the next of kin of the deceased is not satisfied with the cause of death given in MCCD (Form 4/4A), the applicant may refer to the District Grievance Committee.

This Committee shall address any grievances with regards to certification of the death, as prescribed in the Ministry of Health & Family Welfare (MoHFW), Indian Council for Medical Research (ICMR), National Disaster Management Authority (NDMA) or Government of India (GOI) / UT Administration guidelines and take a decision within 10 days from receiving the application.


(Karanjit Vadodaria)
Joint Secretary (Revenue)

To,
The Deputy Secretary,
Information & Publicity,
DNH & DD.

Copy to :

1. The Secretary (Revenue), DNH & DD for information please.

Application Form for Ex-gratia Assistance to the next of the kin of deceased dead due to COVID-19

1	Name & address of the Applicant with contact/Mobile No.		Paste passport size photo (applicant)																														
2	Details of Deceased: -																																
i	Name & Permanent address of the Deceased		Paste passport size photo (deceased)																														
ii	Date of Birth																																
iii	Date of detection of Covid-19																																
iv	Date of Death																																
v	Time of Death																																
vi	Residence of the Deceased at the time of death																																
vii	Relationship with the applicant																																
3	Aadhaar Card Number a) Deceased b) Applicant																																
4	Savings Bank account (Aadhaar linked) details of the Applicant a) Name b) Branch c) Acct. No. d) IFSC Code																																
5	List of Documents to be enclosed (self-attested copies of) a) Aadhaar card of both deceased & the applicant b) Death Certificate issued by the Register of Birth/Death issued by Hospital/District Panchayat/Municipal Council c) Medical Certificate for cause of Death d) Front page of bank Passbook of the applicant e) NOC from other legal heirs/claimants (if any)																																
6	Information regarding dependents of deceased																																
	<table border="1"> <thead> <tr> <th>Sl. No.</th> <th>Name</th> <th>Relation</th> <th>Date of Birth</th> <th>Aadhaar No.</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Sl. No.	Name	Relation	Date of Birth	Aadhaar No.	1					2					3					4					5						
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	<p>Kindly grant me Ex-gratia Assistance as per the guidelines issued by the Government of India / COVID-19 scheme of UT of DNH & DD.</p> <p>I hereby affirm that the particulars provided above are true to the best on my knowledge and I know that if any found incorrect I am liable to penal action as per law. I have not received any Ex-gratia assistance from any other State/UT under the same scheme.</p> <p>Further, I affirm that I am the only next of kin of the deceased by COVID-19/I affirm that I am one among the next of kin of the deceased by COVID-19 and I have obtained NOC from other claimants and the same is/are enclosed.</p> <p>Place : Date:</p> <p align="center">SIGNATURE OF THE APPLICANT</p>																																

To,

1. The District Collector, DNH/ Daman/ Diu