



भारत सरकार Government of India
रेल मंत्रालय Ministry of Railways
(रेलवे बोर्ड) Railway Board

CIRCULAR

Sub: RT-PCR Test of Railway Board Employees

14th Phase of RT-PCR Testing Camp is being organized in Board's Office on 20.04.2021 (Tuesday) & 22.04.2021 (Thursday) at Meet & Greet Area near Reception (Ground Floor, Gate No.2) and Conference Hall/Lunch Room, IInd Floor, Rail Bhawan exclusively for free testing of Officers & staff working in Board's Office, so as to contain the spread of COVID-19 amongst Officers/Staff in Board's Office.

2. The test would be conducted from 11 AM to 4 PM by a team of Doctors and paramedics deputed by District Magistrate, New Delhi District. To ensure hassle free testing, the information as indicated in **Annexure-I** may be filled and submitted in duplicate before proceeding for test. The form is to be handed over to the volunteers assisting the testing team.

3. All controlling Officers are requested to not only avail the free RT-PCR Test themselves but also encourage and ensure that all sub-ordinate staff working under their control get themselves tested. They may submit the copy of test report for ensuring compliance.

No.2020/O&M/25/7/Misc.
Dated: 14/04/2021

(B. Majumdar)
Joint Secretary/Railway Board

All Officers & Staff working in Board's Office and at Dayabasti New Delhi.

- (i) **Stny. & ERB-V-** to issue suitable direction for ensuring RT-PCR test in respect of outsourced staff.
- (ii) **G/Accom.** - to ensure RT-PCR test by all staff engaging in Cleaning activities.
- (iii) **Protocol Cell-** for ensuring RT-PCR test of all Drivers including hired/outsourced.

Copy for information to:

Chairman & CEO, Railway Board, Member(Infra), Member(T&RS), Member (O&BD) and Member(Fin.).

PS/MR & EDPG/MR

COVID Testing Camp (RT-PCR)

S.No. _____

Patient ID:- _____

Date:- _____		
1.	Name	
2.	Designation	
3.	Room No.& Branch	
4.	Age & Gender	
5.	Whats App Mobile No.	
6.	Complete Residential Address with pin code	
7.	Aadhar No.	
8.	Whether tested Covid-19 Positive earlier?(Yes/No)	
9.	Whether Vaccinated (Yes/No) Name of Vaccine & Date	I) II)

Signature of Official

COVID Testing Camp (RT-PCR)

S.No. _____

Patient ID:- _____

Date:- _____		
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