



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

CIRCULAR

Sub:-Special Rapid Antigen Testing camp at Rail Bhawan-5th Phase

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In wake of growing number of Corona Positive Cases in Railway Board on a daily basis and to further contain the spread of the virus, a 5th phase Special Testing Camp is being organized on 28th(Wednesday) & 29th(Thursday) October 2020 and 2nd (Monday) & 3rd(Tuesday) November 2020 at 2nd Floor, Conference Hall and Meet & Greet Area, Near Reception, Ground Floor.

2. The test would be conducted through NRCH and New Delhi District team from 10:30AM and 11:30 AM onwards respectively. In order to avoid crowding and systematic testing, Officials are requested to fill the form as indicated at **Annexure-I** (Proforma in duplicate and personal details of Report except S.No. and Patient ID) in advance and submit to the volunteer at the testing area.

3. In order to minimise the COVID effect in Rail Bhawan, it is the collective responsibility of all Officials to undertake the test.

4. All controlling Officers are requested to encourage and ensure that all subordinate staff working under their control get themselves tested to further contain the spread of virus.

No.2020/O&M/25/7/Misc.
Dated: 27/10/2020

(B Majumdar)
Joint Secretary/Railway Board

All Officers and Branches in Board's Office and at Dayabasti, New Delhi.

Copy for information to:-

**CRB & CEO, Railway Board, M/Infra, M/TRS, M/O&BD and MF
PS/MR&EDPG/MR
Secretary/Railway Board**

RAPID ANTIGEN DIAGNOSTIC TEST(COVID-19)
(To be submitted in duplicate)

S.No. _____

Patient ID:- _____

Date:- _____

1.	Name	
2.	Designation	
3.	Room No.& Floor	
4.	Age & Gender	
5.	Mobile No.	
6.	Complete Residential Address with pin code	
7.	Aadhar No.	

Signature of Official

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Signature of Official

TEST REPORT PROFORMA

S.No. _____

Patient ID _____

CERTIFICATE

- a. This to certify that Mr./Mrs Age..... Sex.....
Address..... Mobile No.....
has not tested positive in the Rapid Diagnostic Test for COVID-19.

If you are symptomatic and negative by Rapid Antigen Test then you must continue to isolate yourself and get an RT-PCR test done as this test does not rule out COVID-19.

- b. This to certify that Mr. /Mrs..... Age..... Sex.....
Address..... mobile no.....
has tested positive in the Rapid Diagnostic Test for COVID-19.

Date:

Signature of Medical officer

S.No. _____

Patient ID _____

CERTIFICATE

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