



USER MANUAL FOR COVID-19 DEATH APPEAL AND CERTIFICATE REQUEST



Table of Contents

1. OVERVIEW.....	3
2. APPEAL REQUEST PROCESS	3
3. APPEAL REQUEST SUBMISSION FOR PUBLIC	4
4. APPEAL REQUEST STATUS FOR PUBLIC	7
5. CERTIFICATE REQUEST PROCESS.....	7
6. CERTIFICATE REQUEST SUBMISSION FOR PUBLIC	8
7. IF APPLYING THROUGH PHC/ AKSHAYA CENTER	10



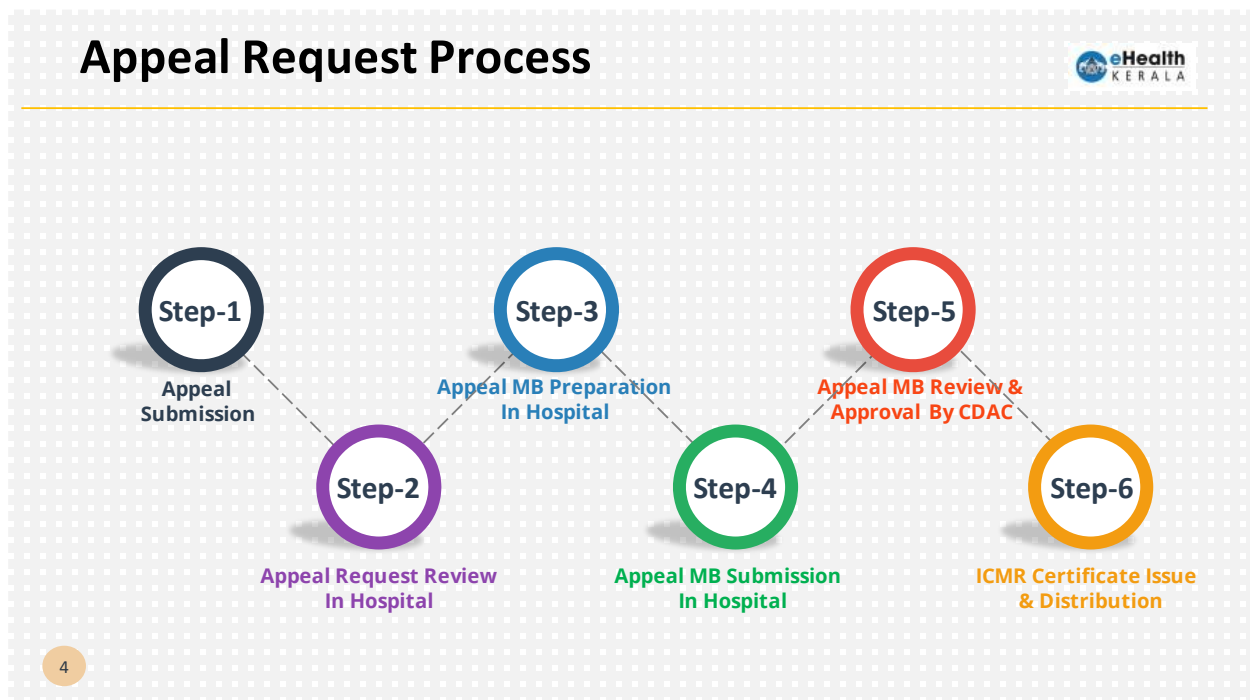
1. Overview

New functionality is introduced in death information portal for submitting covid19 death appeal request. If family member could not find the deceased person in the declaration list, he/she can submit an appeal request which will be sent to death certified institution for review and confirmation after which it will be forwarded to district covid death ascertaining committee (CDAC) for approval. Appeal request will be reviewed based on new ICMR guideline and new ICMR certificate shall be generated and distributed to family.

Family member who already received "Death Declaration Document" can submit request for new ICMR certificate format if required. Such requests will be sent directly to covid death ascertaining committee (CDAC) for approval.

As per the Government order, "Death Declaration Document" given to the relatives of the deceased persons by the Department of Health and Family Welfare Govt of Kerala are valid document for processing request for the ex-gratia payment

2. Appeal request process



4

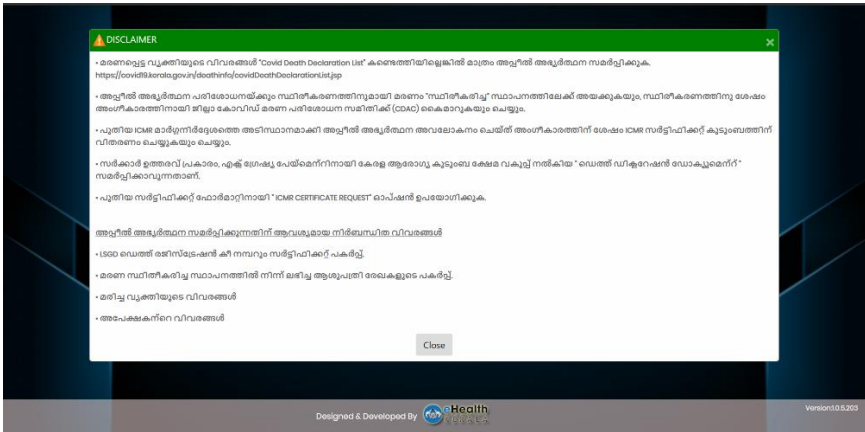
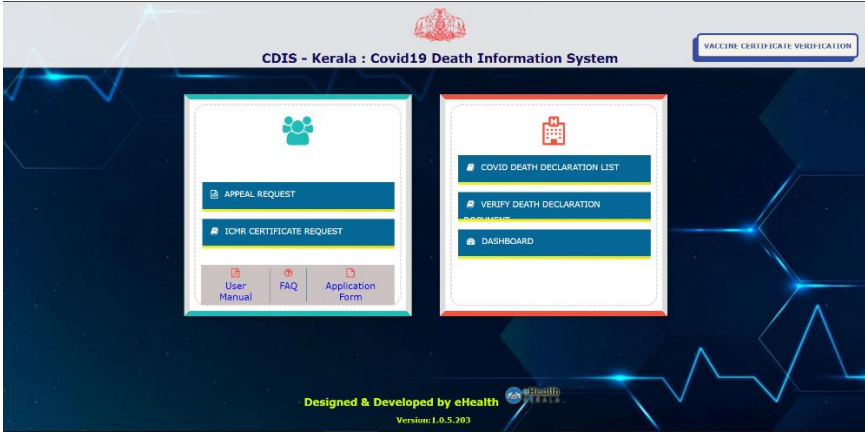
** MB : Medical Bulletin

**CDAC : Covid Death Ascertaining Committee

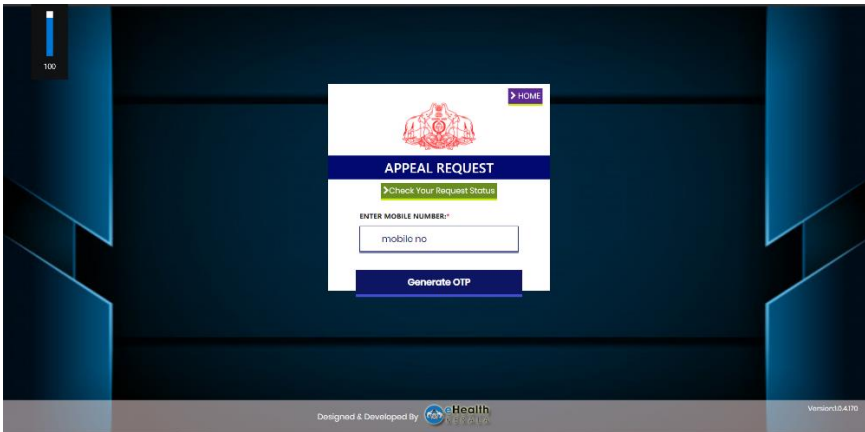


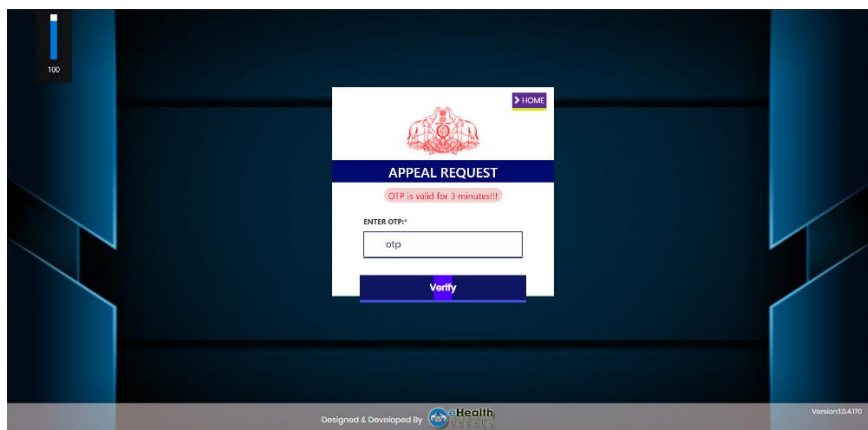
3. Appeal request submission for public

1. Type below URL in any browser in your computer (preferably Google chrome)
<https://covid19.kerala.gov.in/deathinfo>
2. Applicant must select "APPEAL REQUEST".



3. Applicant enter his/her mobile number and verify the received OTP.
4. After successful OTP verification appeal entry screen will be shown.





5. Applicant will have to enter following mandatory information
 - a) LSGD death registration key number & certificate copy
 - b) Name of the deceased as in LSGD death certificate
 - c) Age
 - d) Gender
 - e) Name of father/ husband/ mother
 - f) Mobile number as in hospital records
 - g) Permanent address as in LSGD death certificate
 - h) District
 - i) LSGD name
 - j) Date of death
 - k) Place of death
 - l) Death reported district
 - m) Name of local body issuing death certificate
 - n) Name of death certified hospital
 - o) Upload relevant hospital records copy
 - p) Applicant information
6. Applicant can review the entered data again, review disclaimer and submit the request.
7. After successful submission application will be sent to death certified hospital for processing and will be then forwarded to district covid death ascertaining committee (CDAC) for approval.
8. After successful submission application number will be sent to applicant's mobile number.
9. New certificate as per ICMR guideline will be signed and distributed after district covid death ascertaining committee (CDAC) approval.



COVID19 DEATH APPEAL REQUEST	
INFORMATION OF THE DECEASED:	
LSDD Death Certificate Key Number* മരണ സർട്ടിഫിക്കറ്റ് കീ നമ്പർ	<input type="text" value="Enter certificate number"/>
Name Of The Deceased As In LSDD Death Certificate* മരണസർട്ടിഫിക്കറ്റിലെ മരണ സർട്ടിഫിക്കറ്റിൽ ഉൾപ്പെടുത്തിയിരിക്കുന്ന പേര്	<input type="text" value="Enter deceased name"/>
Age* വയസ്സ്	<input type="text" value="Enter deceased age"/>
Name Of Father/ Husband/ Mother* അപൂർവ്വതയുള്ളതായ അമ്മയുടെ പേര്	<input type="text" value="Enter name"/>
Mobile Number As In Hospital Records* ആശുപത്രി രേഖകളിലുള്ള മൊബൈൽ നമ്പർ	<input type="text" value="Enter mobile number"/>
RESIDENTIAL ADDRESS OF THE DECEASED:	
Permanent address As in LSDD Death Certificate* സ്ഥാനിതമായ വാർഡ് വിലാസം	<input type="text" value="Enter address with landmarks"/>
Country* രാജ്യം	<input type="text" value="India"/>
State* സംസ്ഥാനം	<input type="text" value="KERALA"/>
District* ജില്ല	<input type="text" value="---Select---"/>
LSDD Name* ഫോൺ എൻ ടി നമ്പർ	<input type="text" value="---Select---"/>
Ward Name/Division* വാർഡ്/വിഭാഗം	<input type="text" value="---Select---"/>
DEATH DETAILS:	
Date Of Death* മരണ തീയതി	<input type="text" value="---Select---"/>
Death Reported State* മരണം സംഭവിച്ച സ്ഥലം	<input type="text" value="KERALA"/>
Death Reported District* മരണം സംഭവിച്ച സ്ഥലം ജില്ല	<input type="text" value="---Select---"/>
LSDD Type* ഫോൺ എൻ ടി നമ്പർ	<input type="text" value="---Select---"/>
Name of Death Certified Hospital* മരണം സ്ഥിരീകരിച്ച ആശുപത്രിയുടെ പേര്	<input type="text" value="Search Here"/>
IP Number* അല്ലെങ്കിൽ നമ്പർ	<input type="text" value="Enter IP number"/>
Upload Relevant Hospital Records Copy 1: (Less than 1MB, Supported formats:pdf,jpeg,jpg) പ്രസ്തുത മരണ സർട്ടിഫിക്കറ്റിന്റെ കോപ്പി	<input type="text" value="Choose File"/> No file chosen
Upload Relevant Hospital Records Copy 2: (Less than 1MB, Supported formats:pdf,jpeg,jpg) പ്രസ്തുത മരണ സർട്ടിഫിക്കറ്റിന്റെ കോപ്പി	<input type="text" value="Choose File"/> No file chosen
Deceased Person ID Card Type* മരിച്ച വ്യക്തിയുടെ തിരിച്ചറിയൽ കാർഡ്	<input type="text" value="---Select---"/>
Upload Deceased Person ID Card (Less than 200 KB, Supported formats:pdf,jpeg,jpg) മരിച്ച വ്യക്തിയുടെ തിരിച്ചറിയൽ കാർഡ്	<input type="text" value="Choose File"/> No file chosen
APPLICANT INFORMATION:	
Date Entered By* അപേക്ഷ സമർപ്പിച്ച തീയതി	<input type="text" value="---Select---"/>
Relationship With Deceased (If Other Specify Details)* മരണസർട്ടിഫിക്കറ്റിലെ ബന്ധം	<input type="text" value="---Select---"/>
Family Member Name* കുടുംബാംഗത്തിന്റെ പേര്	<input type="text" value="Enter Name"/>
ID Card Type* കുടുംബാംഗത്തിന്റെ തിരിച്ചറിയൽ കാർഡ്	<input type="text" value="---Select---"/>
Upload ID Card (Less than 200 KB, Supported formats:pdf,jpeg,jpg) തിരിച്ചറിയൽ കാർഡ്	<input type="text" value="Choose File"/> No file chosen
Appeal Reason: അപേക്ഷിക്കുന്ന കാരണം	<input type="text" value=""/>
Request Letter (Less than 200 KB, Supported formats:pdf,jpeg,jpg) അപേക്ഷ പത്രം	<input type="text" value="Choose File"/> No file chosen
Declaration By Family Member* കുടുംബാംഗത്തിന്റെ പ്രഖ്യാപനം	<input type="checkbox"/> I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and I am personally responsible for the above declared information. ഞാൻ മുകളിൽ പ്രഖ്യാപിച്ച വിവരങ്ങൾ സത്യവും പൂർണ്ണവും ആണെന്ന് ഞാൻ ഉറപ്പുവരുത്തുകയും എല്ലാ വിവരങ്ങളും എന്റെ അറിവിലുള്ളവയെന്ന് ഉറപ്പുവരുത്തുകയും ചെയ്യുന്നു.
<input type="button" value="SUBMIT"/> <input type="button" value="CLOSE"/>	

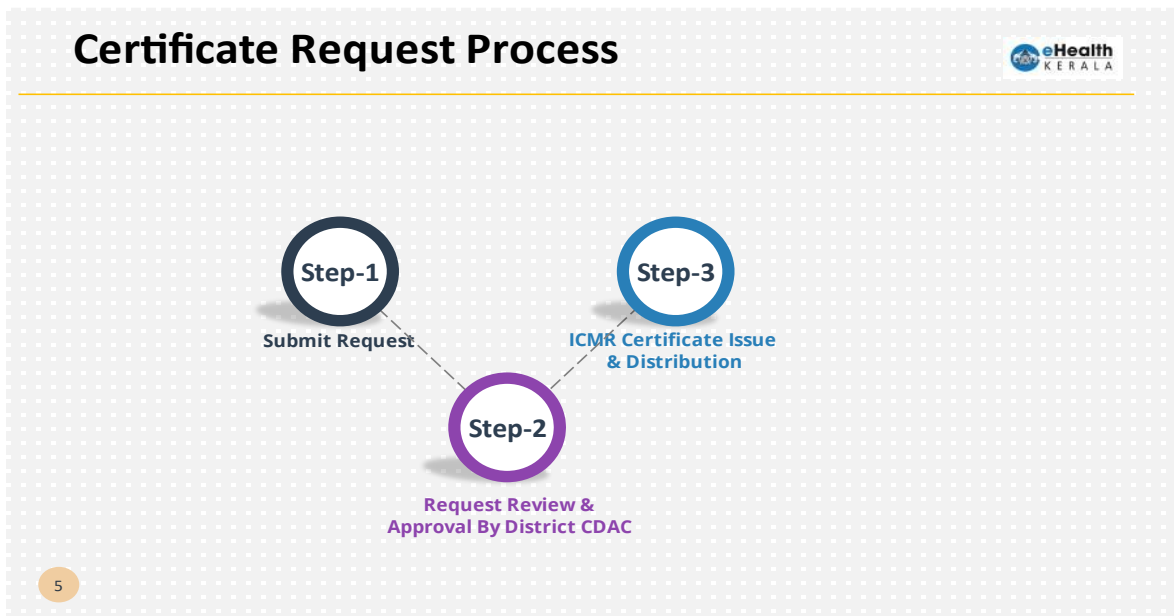


4. Appeal request status for public

1. Applicant can check the status of the application through “Check Your Request Status” inside “APPEAL REQUEST”.
2. Applicants must enter date of death and application number/mobile number.
3. If the entered data matches the request will be listed along with its status.

SI No.	Request Date	Application Number	LSGD Certificate Number	Deceased Person Name	Status	Approved Death Type	Rejection Reason
1	25/09/2021	KL/TVM/00000086	LSGD-20211000003	Ajun	Medical Bulletin Approved By DMCO	COVID	

5. Certificate request process

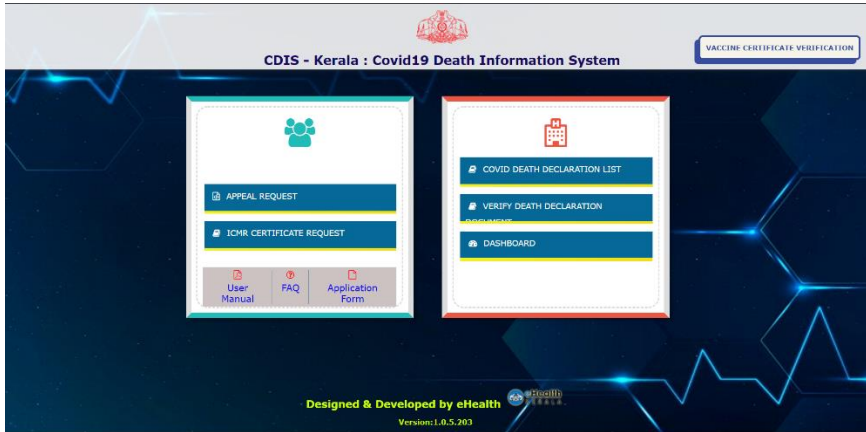


****CDAC : Covid Death Ascertaining Committee**

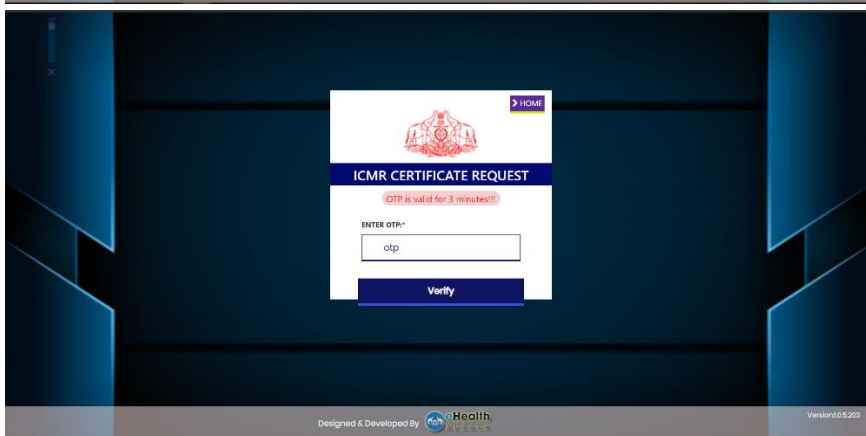
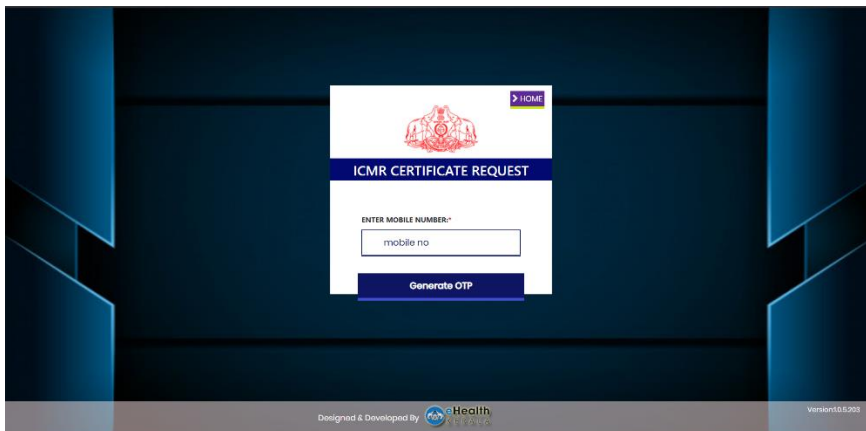


6. Certificate request submission for public

1. Type below URL in any browser in your computer (preferably Google chrome)
<https://covid19.kerala.gov.in/deathinfo>
2. Applicant must select "ICMR CERTIFICATE REQUEST".



3. Applicant enter his/her mobile number and verify the received OTP.
4. After successful OTP verification certificate request screen will be shown.





5. Applicant will have to enter following mandatory information
 - a) LSGD death registration key number & certificate copy
 - b) Death declaration document number & copy received from health department.
 - c) Name of the deceased as in LSGD death certificate
 - d) Name of father/ husband/ mother
 - e) Age
 - f) Date of death
 - g) Death reported district
 - h) Name of local body issuing death certificate
 - i) Applicant information
6. Applicant can review the entered data again, review disclaimer and submit the request.
7. After successful submission application will be sent to district covid death ascertaining committee (CDAC) for approval.
8. After successful submission application number will be sent to applicant's mobile number.
9. New certificate as per ICMR guideline will be signed and distributed after district covid death ascertaining committee (CDAC) approval.

The screenshot displays the 'ICMR CERTIFICATE REQUEST' form on the 'COVID-19 DEATH INFORMATION PORTAL'. The form is divided into several sections:

- INFORMATION OF THE DECEASED:** This section contains two columns of input fields. The left column includes: 'LSGD Death Registration Key Number*' (with a text input field), 'DEATH DECLARATION DOCUMENT NUMBER*' (with a text input field), 'NAME OF THE DECEASED*' (with a text input field), 'AGE*' (with a text input field), 'DEATH REPORTED STATE*' (a dropdown menu set to 'KERALA'), and 'LSGD TYPE*' (a dropdown menu). The right column includes: 'UPLOAD LSGD DEATH CERTIFICATE COPY*' (with a 'Choose File' button and 'No file chosen' text), 'UPLOAD DEATH DECLARATION DOCUMENT*' (with a 'Choose File' button and 'No file chosen' text), 'NAME OF FATHER/ HUSBAND/ MOTHER*' (a dropdown menu and a text input field), 'DATE OF DEATH*' (with a calendar icon), 'DEATH REPORTED DISTRICT*' (a dropdown menu), and 'NAME OF LOCAL BODY ISSUING DEATH CERTIFICATE*' (a dropdown menu).
- APPLICANT INFORMATION:** This section includes: 'RELATIONSHIP WITH DECEASED (IF OTHER SPECIFY DETAILS)*' (a dropdown menu), 'SPECIFY DETAILS*' (a text input field), 'FAMILY MEMBER NAME*' (a text input field), 'CONTACT NUMBER OF FAMILY MEMBER*' (a text input field), 'ID CARD TYPE*' (a dropdown menu), and 'ID CARD UPLOAD*(Less than 500 KB. Supported formats:pdf,jpeg,jpg)*' (with a 'Choose File' button and 'No file chosen' text).
- DECLARATION BY FAMILY MEMBER:** A checkbox area with a disclaimer: 'I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and I am personally responsible for the above declared information. കൂടുതൽ സർക്കുലർ/ബ്രോഷർ വിതരണങ്ങൾ നൽകുന്നതിനായി സഹായകരമായ സഹായം നൽകുന്നതിനായി ഞാൻ/ഞാളുടെ/ഈ പ്രവർത്തനങ്ങൾക്ക് ഉത്തരവ് നൽകുന്നു. കൂടുതൽ സർക്കുലർ/ബ്രോഷർ വിതരണങ്ങൾ നൽകുന്നതിനായി സഹായകരമായ സഹായം നൽകുന്നതിനായി ഞാൻ/ഞാളുടെ/ഈ പ്രവർത്തനങ്ങൾക്ക് ഉത്തരവ് നൽകുന്നു.' Below this are 'SUBMIT' and 'CLOSE' buttons.



7. If applying through PHC/ Akshaya center

1. In case if applicant is not able to submit through online, he/she can visit nearest PHC/Akshaya center to get the application submitted through online.
2. PHC/Akshaya center staff will have to collect all required mandatory information and document copy to submit request. A blank application template is available in <https://covid19.kerala.gov.in/deathinfo>
3. PHC/Akshaya center must selected correct information in “Data Entered By” Field.
4. Deceased person’s family member’s name and contact number must be correctly entered along with their id proof.

LSGD TYPE :- <input type="text" value="...Select..."/> LSGD തരം		NAME OF LOCAL BODY ISSUING DEATH CERTIFICATE :- <input type="text" value="...Select..."/> മരണ സമീപിക്കാൻ തീർക്കിയ തദ്ദേശ സ്വയംഭരണ സ്ഥാപനത്തിന്റെ പേര്	
APPLICANT INFORMATION :			
RELATIONSHIP WITH DECEASED (IF OTHER SPECIFY DETAILS)* :- <input type="text" value="...Select..."/> മരണമടഞ്ഞയാളുമായുള്ള ബന്ധം		SPECIFY DETAILS* :- <input type="text" value="Enter Details"/> മറ്റ് വിവരങ്ങൾ രൂപതയ്ക്കുക	
FAMILY MEMBER NAME* :- <input type="text" value="Enter Name"/> കുടുംബാംഗത്തിന്റെ പേര്		CONTACT NUMBER OF FAMILY MEMBER* :- <input type="text" value="Enter Contact No"/> കുടുംബാംഗത്തിന്റെ കോൺടാക്റ്റ് നമ്പർ	
ID CARD TYPE* :- <input type="text" value="...Select..."/> കുടുംബാംഗത്തിന്റെ തിരിച്ചറിയൽ കാർഡ്		ID CARD UPLOAD(Less than 500 KB. Supported format:pdf,jpeg,jpg)* :- <input type="button" value="Choose File"/> No file chosen തിരിച്ചറിയൽ കാർഡ് അപ്ലോഡ് ചെയ്യുക	
DECLARATION BY FAMILY MEMBER* <input type="checkbox"/> I hereby declare that the information furnished above is true,complete and correct to the best of my knowledge and I am personally responsible for the above declared information. മുകളിൽ രേഖപ്പെടുത്തിയ വിവരങ്ങൾ സത്യവും തിരിച്ചറിയൽ കാർഡ് ഉപയോഗിച്ച് ഉറപ്പാക്കുന്നതും മരണ സമീപിക്കാൻ തീർക്കിയ തദ്ദേശ സ്വയംഭരണ സ്ഥാപനത്തിൽ നിന്നും ലഭിച്ചതും ആണ്. ഞാനാണ് ഈ വിവരങ്ങൾ ശരിയായി രേഖപ്പെടുത്തിയിരിക്കുന്നത്.			
<input type="button" value="SUBMIT"/> <input type="button" value="CLOSE"/>			