



ऑयल एण्ड नेचुरल गैस कॉरपोरेशन लिमिटेड

Oil and Natural Gas Corporation Limited

Office of Director (HR)/निदेशक (मा.सं.) का कार्यालय

दीनदयाल ऊर्जा भवन, 5, नेल्सन मंडेला मार्ग, वसंत कुंज, नई दिल्ली-
110070

No. DLI/DHR/2/COVID-19/Medical/2020

Dated: 10.04.2020

OFFICE ORDER

1. The pandemic COVID-19 continues to spread in various parts of the country. All ONGC employees are taking due precautions to protect themselves and their family members from this disease. While doing so, they have also ensured that operations continue in both offshore and onshore locations without disruption. This has assured the country of the much required energy security.
2. While the commitment of every ONGC employee is commendable, it is also essential that precautions are taken to ensure the safety of our employees and to prevent spread of the virus in ONGC Installations/Facilities/Offices/Units.
3. To ensure the safety of all, EC has directed that before entering the workplace/Installation/Unit/Office, every employee will furnish an undertaking, indicating his/her health condition and contact history especially with regard to COVID-19 (Performa for undertaking is enclosed as Annexure).
4. All Installation Managers/Office In-charges/Site In-charges are empowered to refer employees having any of the symptoms or having contact history, to ONGC Doctor/Empanelled Medical Practitioners for advice and direct them to report for further assignments only after due clearance from medical authorities. Action taken by the Installations Managers/Office In-charges/Site In-charges in this regard, may be brought to the notice of respective Key Executive immediately.

(Alka Mittal)
Director (HR)

Distribution:

All concerned through reports.ongc.co.in

**Annexure-1****COVID-19 undertaking for access to ONGC installation**

(a) User Profile (One time):	
Name:	Place of Posting
CPF No. Designation:	Date of Birth. Gender
Residence Address:	Contact No. Emergency contact name, relationship & phone no.

(b) Undertaking (Filled during every access request):	
Have you travelled abroad during last one month	Yes/ No
Have you come in contact with anyone who has travelled abroad during last one month	Yes/ No
Have you come in contact with anyone who is COVID-19 positive, during last one month	Yes/ No
Have you suffered from Fever/Cold/ Cough/Breathlessness during last 14 days	Yes/ No
Have you been tested for COVID 19	Yes/ No
Are you suffering from any chronic illness	Hypertension: Yes/No Diabetes: Yes/No Cardiac ailment: Yes/No Respiratory ailment: Yes/No Any other:
I hereby declare that the above information is true to the best of my knowledge. I will abide by instructions w.r.t. social distancing, wearing masks and maintaining hygiene.	
Date:	Signature of Employee