



ASSAM ELECTRICITY GRID CORPORATION LIMITED

OFFICE OF THE MANAGING DIRECTOR

Regd. Office:(FIRST FLOOR), BIJULEE BHAWAN, PALTANBAZAR; GUWAHATI - 781001

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आजादी का
अमृत महोत्सव

No: AEGCL/MD/HR/Medical Adm./09/2020/12

Date: 02/05/2022

CIRCULAR

In continuation to Circular No. AEGCL/MD/HR/Medical Adm./09/2020/11 dated 23/04/2022 and with a view to extend the benefits of medical consultation to every employee of AEGCL through tele/video consultation, the following guidelines have been laid down to streamline the process:

1. Tele/video consultation with the Medical Officer (MO), AEGCL, will be held on each Wednesday of a week.
2. Pre-check up patient details as per **Annexure-I** is to be filled up by the patients who are willing to consult the MO, AEGCL, and the same must be submitted via email to **medical.adm@aegcl.co.in**, latest by Monday every week.
3. Slot booking details for tele/video consultation will be intimated to the patients on Tuesday every week via WhatsApp/SMS on the mobile number furnished in the pre-check up patient details form.
4. The MO, AEGCL will then consult the patients on Wednesday (preferably in the first half of the day), either via Telephone or via WhatsApp Video Call from the ASEB Dispensary, Kahilipara.
5. Electronic copies of the prescriptions will be sent to the patients by the MO, AEGCL via WhatsApp/Email.
6. The concerned controlling officers to take initiative and assist in facilitating the tele/video consultation for those employees who find it difficult in following the above-mentioned guidelines.

[Handwritten Signature]
2/05/2022

General Manager (HR) i/c
AEGCL, Bijulee Bhawan, Guwahati-1

Memo. No. AEGCL/MD/HR/Medical Adm./09/2020/12 (a)

Date: 02/05/2022

Copy to:

1. PS to the Chairman, APDCL & AEGCL, for kind information of the Chairman.
2. PS to the Managing Director, AEGCL, for kind information of the MD, AEGCL.
3. All CGMs/GMs/DGMs/AGMs/REs of AEGCL, for wide circulation in the offices under their jurisdiction.
4. Medical Officer, AEGCL.
5. Office Copy.

[Handwritten Signature]
2/05/2022

General Manager (HR) i/c
AEGCL, Bijulee Bhawan, Guwahati-1



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ANNEXURE-I

PRE-CHECKUP PATIENT DETAILS

(Email at: medical.adm@aegcl.co.in)

Name:

Age: Sex:

Height: Weight:

Email ID: Mobile No:

Covid 19 Vaccination details:

Name of vaccine

Dose 1: (Yes/No) Dose 2: (Yes/No)

Chief Complaints:
.....
.....

Past History of illness/disease:
.....

Allergic History (if any):
.....

Surgical History (if any):
.....

Under any medication currently? If yes, please furnish details:
.....

Immunization status (in case of children):
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