

FROM

DEPUTY EDUCATIONAL OFFICER.

SATTENAPALLI,  
PALNADU DIST.

TO

The Commissioner of School Education  
Ibrahimpatnam, VIJAYAWADA.,  
A.P., AMARAVATHI.

RC.No. DYBO/SPL/2022, Dated: 10-11-2022

Sir,

SUB: Education-Sec. Education-ZPHS., Brahmanapalli - Peduguralla (M)

SRI/SMT. M. Venkata Reddy, Rd. Gr. II HM

- Submission of Medical Reimbursement Proposals-Req.-reg.

REF: 1) G.O.Ms.No.74 M.H.&F.W.Deptt. Dated.15-03-2005.

2) Rc.No. 50902/PI/2020, DT: 18/3/2021 of the DME., Atmakurugama

3) G.O.Ms.No. 397 H.M&F.W.(K1) Deptt. Dated: 23-10-2008.

4) G.O.Ms.No. 68 H.M&F.W.(K1) Deptt. Dated: 28-03-2011.

5) Application of the individual with PPO No. 18-SGC-025670/SP

6) Proposals Received from HM ZPHS BRAHMANAPALLI Dt. 05-11-2022.

-x-x-x-x-

I do here by submit that the proposals received from SRI / SMT. M. Venkata Reddy  
Gr. II HM ZPHS School, Brahmanapalli, Peduguralla  
MANDAL of PALNADU District through HM ZPHS Brahmanapalli regarding  
Medical Reimbursement of expenses incurred by the self / ~~dependent~~ in respect of Sri/Smt. M. Venkata  
Venkata Reddy Rd. Gr. II HM who has been  
suffering from "# CAD - CABGS ON PUMP, TYPE-II DM, HTN #

" and got necessary investigations and treatment in the  
M/s. Care Hospital, Banjara Hills, Hyderabad  
Which is declared as referral hospital as per reference 2<sup>nd</sup> cited above during the  
Period from 27/9/2022 TO 29/9/2022.

In pursuance of the incumbent's genuine application for the reimbursement of Medical expenses for  
the said treatment and investigation for Rs. 1,52,479/- One Lakh Fifty two thousand  
Four hundred and Seventy Nine rupees only). I do hereby forward his application  
along with the following connected papers so as to bring to your notice for favourable action for issuing necessary  
orders regarding.

Thanking you sir,

Yours faithfully,

V. Venkata Reddy  
Deputy Educational Officer  
SATTENAPALLI  
PALNADU DIST.

Enclosures:

1. Check list & Appendix-II
2. Essentiality certificate
3. Discharge summary
4. Referral Hospital G.O.
5. Non-Drawal Certificate
6. Original Bills & Abstract
7. Attested Pension Payment Order Copy
8. Other Connected Papers.



FROM

HEAD MASTER,  
Z.P. HIGH SCHOOL Brahmanapalle.  
Piduguralla (M)  
Palnadu Dist.

TO

The Commissioner of School Education  
Ibrahimpatnam, VIJAYAWADA.,  
A.P., AMARAVATHI.

RC.No. 28/2022 Dated: 05/11/2022

Sir,

(THROUGH PROPER CHANNEL)

SUB: Education-Sec. Education-ZPHS., BRAHMANAPALLE - Piduguralla (M)

SRI/SMT. M. Venkata Reddy Rtd. Griti HM

- Submission of Medical Reimbursement Proposals-Req.-reg.

REF: 1) G.O.Ms.No.74 M.H.&F.W.Deptt. Dated.15-03-2005.

2) Rc.No. 50902/P1/2020, DT: 18/03/2021 of the DME., AP Hyderabad

3) G.O.Ms.No. 397 H.M&F.W.(K1) Deptt. Dated: 23-10-2008.

4) G.O.Ms.No. 68 H.M&F.W.(K1) Deptt. Dated: 28-03-2011.

4) Application of the individual with PPO No. 18-SGC-025670/SP

-X-X-X-

I do here by submit that the proposals received from SRI/SMT. M. Venkata Reddy  
Rtd; Griti HM ZPHS Brahmanapalle, Piduguralla MANDAL of  
PALNADU District regarding Medical Reimbursement of expenses incurred by the self / dependent  
in respect of Sri/Smt. M. VENKATA REDDY Rtd. Griti HM  
who has been suffering from "# CAD - CABGS ON PUMP, TYPE-II  
DM, HTN #

" and got necessary investigations and treatment in the  
M/S- Care Hospital, Banjara Hills, Hyderabad  
Which is declared as referral hospital as per reference 2<sup>nd</sup> cited above during the  
Period from 27/9/2022 TO 29/9/2022.

In pursuance of the incumbent's genuine application for the reimbursement of Medical expenses for  
the said treatment and investigation for Rs. 1,52,479/- (One lakh Fifty two thousand  
Four hundred and Seventy Nine rupees only). I do hereby forward his application  
along with the following connected papers so as to bring to your notice for favourable action for issuing necessary  
orders regarding.

Thanking you sir,

Yours faithfully,

N. N. N. N.  
HEAD MASTER 05/11/22  
Z. P. HIGH SCHOOL  
BRAHMANAPALLI-522 437  
Piduguralla (M) Guntur Dt.

Enclosures:

1. Check list & Appendix-II
2. Essentiality certificate
3. Discharge summary
4. Referral Hospital G.O.
5. Non-Drawal Certificate
6. Original Bills & Abstract
7. Attested Pension Payment Order Copy
8. Other Connected Papers.

The Dy. E.O. Sattenapalli

AND

The HM, Z.P.H.S. Brahmanapalli

Sir,

Sub: Request to Sanction the Medical Reimbursement in respect of

Sri / Smt. Manni Venkata Reddy, Rtd. Gr. II HM

Z.P.H.School, Brahmanapalli, Peduguralla (M)

PALNADU District – Proposals submitted – Reg.

Ref: 1) G.O.Ms.No.74 M&H Deptt. Dated:15/03/2005.

2) G.O.Ms.No.105 M&H Deptt. Dated: 09/04/2007.

3) Medical Bills issued by the Doctor Concerned.

-XXXX-

With reference to the subject cited, I submit herewith the Medical Bills with all the enclosures for Medical Reimbursement for an amount of Rs. 1,52,479/-

(Rupees one Lakh Fifty two thousand Four hundred and Seventy Nine Only), as I / ~~My~~ dependant have

undergone Treatment for the disease # CAD - CABGS ON PUMP,

TYPE-II, DM, HTN #

in the Recognised Hospital by the Andhra Pradesh State Government i.e., at M/s.

Care Hospital, Banjara Hills Hyderabad

during the period from 27/9/2022 to

29/9/2022 and onward transmit to the higher authorities for future necessary

action in the matter at an early date.

Thanking your sir,

Yours faithfully,

Enclosures:

- 1) Emergency Certificate
- 2) Essentiality Certificate
- 3) Discharge Certificate
- 4) I.P Final Bill & Medical Bills
- 5) Appendix - II
- 6) Check List
- 7) Non-Drawal Certificate
- 8) Dependant Certificate

N. Rajeev  
 HEAD MASTER 05/11/22  
 Z. P. HIGH SCHOOL  
 BRAHMANAPALLI-522437  
 Piduguralla (M) Guntur Dt.

✓ Manni



# AVAILMENT CERTIFICATE

Medical Reimbursement of Sri / Smt. M. Venkata Reddy

Rtd. G.O.P. HM Z.P.H.S. - Boppanapalle

Piduguralla (M) is First Spell of claim.

His/Her dependent He/She was under gone treatment for

# CAD - CABG'S ON PUMP, TYDEFT DM, HTN #

at M/s. Care Hospital, Banjara Hills

Hyderabad

during the period from 27/9/2022 to 29/9/2022

✓ Verified  
Signature of the Employee.

N. Venkata 05/11/22  
HEAD MASTER  
Z. P. HIGH SCHOOL  
Signature of the D.D.O.  
Piduguralla (M) Guntur Dt.

# CHECK SLIPS FOR SENDING MEDICAL REIMBURSEMENT PROPOSALS

1. Name and address of the employee & Employee Code : M. Venkata Reddy  
: CMS ID 80197078
2. If Retired : 31-10-2005  
a) Date / Year of Retirement : Gr.II HM  
b) Designation : 18-SGC-025670  
c) P.P.O.No
3. Communication of the Applicant Address For all purposes with Cell No. : HNo. 16-623/4 Back Side Dr  
: Angi Reddy Hospital  
: Piduguralla - 522413
4. Name and address of the Hospital  
a) Whether it is private Hospital (or) Recognized Hospital : Govt. Recognised Hospital  
b) Whether referral letter produced (or) (Recognized orders to be enclosed along With the proposals) : yes
5. Whether the Medical Reimbursement proposals Sent with in 6 months from the date of discharge : yes
6. Whether the following are enclosed.  
1. Appendix-II duly attested by the D.D.O/H.O. : YES  NO  
2. Non Drawal Certificate in Prescribed proforma : YES  NO  
3. In case Retired complete set of PPO Copy duly attested by the forwarding authority. : YES  NO  
4. Emergency Certificate : YES  NO  
5. Essentiality certificate : YES  NO  
6. Discharge Summary : YES  NO  
7. In case Dependant, Dependant Certificate
7. If the patient is dependent on the Govt.Employee in case of dependants above the age of 18 years Un-Employee Certificate and Marital Status of Dependent are to be enclosed with Medical Reimbursement Proposal: \_\_\_\_\_
8. In case of the dependent of deceased Govt. Employee / Retired Employee whether Death & Legal Heir Certificate enclosed or not. : \_\_\_\_\_
9. Whether the Medical reimbursement proposals is prepared and submitted with reference to G.O. Ms.No.74 Dt:15-3-2005 & G.O.Ms.No. 60 Dt:15-10-2003 & G.O.Ms.No.105 Dt:9-4-2007 And also G.O.Ms.No.180 Dt: 11-05-2006. : yes
10. Whether the Medical Reimbursement claim in processed through the drawing officer and received within the stipulated time : yes
11. And whether the availment of No.of installments recorded (or) not : yes
12. Whether an entry is made in the service register ( or ) not for previous claim and drawal. : yes

I M. Venkata Reddy Rtd. Gr.II HM has no hereby declare that My Wife/Father/Mother/Son/Daughter \_\_\_\_\_ property or income of his/her own and that he/she is wholly dependent on me as per APIMA Rules 1972.

[Signature]  
Signature of the Government Servant.

[Signature]  
HEAD MASTER  
7. P. HIGH SCHOOL  
Signature of the Forwarding Authority.  
BRAHMANAPALLI-522437  
Piduguralla (M) Guntur Dt.



APPENDIX --- II

Application for claiming refund of Medical Expenses incurred in connection with medical attendance and or treatment of Government Servant and their families.

1. Name and Designation of the Government Servant / Retired (In Block Letters) : MARUTI VENKATA REDDY, Retd  
G.M. HM
2. Office in which employed : Z.P.H.S - BRAHMANAPALLI  
Piduguralla (M) - 522437
3. Pay of the Govt. Servant as defined in F.Rs. : PAY Rs. 53331+3733 D.A / D.R Rs. 11425/-  
And other emoluments which should be : H.R.A Rs. — P.P.M.A RS. 500/-  
Shown separately : GROSS RS. 68,989/-
4. Place of duty : Z.P.H.S - BRAHMANAPALLI  
Piduguralla (M) - 522437
5. Full residential address with D.No. and Name of the Mohalla : HNO. 16-623/4, Back side  
Amji Reddy Hospital  
Piduguralla - 522413
6. Name of the patient him/her relationship to : Self  
The Govt. Servant (In case of children Stage age also)
7. Place at which the patient fell ill : M/c. CARE HOSPITAL  
Bangara Hills, Hyderabad
8. Nature of illness and its duration : # CAD - CABG'S ON PUMP  
TYPE-II DM, HTN. #  
FROM 27-09-2022 TO 29-09-2022
9. Details of amount claimed, cost of medicines Purchased from the market, list of medicines Cash memos and the essentially certificate Should be attached each in duplicate signed By treatment doctor. : Enclosed
10. Total amount claimed : Rs. 1,52,479/-
11. List of enclosures :
 

a) Essentiality Certificate	( yes )	b) Emergency certificate	( yes )
b) Discharge summary	( yes )	d) Medical Bills	( yes )

DECLARATION BY THE GOVERNMENT SERVANT

I hereby declare that the contents in this application are true to the best of my knowledge and belief and that the medical expenses are incurred for self as defined under the Andhra Pradesh Government Medical Attendance Rules 1972 and wholly dependent upon me.

Maruti Venkata Reddy  
Signature of the Govt. Servant

N. Nagaraj  
HEAD MASTER  
Z. P. HIGH SCHOOL  
BRAHMANAPALLI 522 437  
Signature of the Forwarding Authority  
Piduguralla (M) Guntur Dt.

FROM

TO

Head Master  
ZPHS - Brahmanapalle  
P. Piduguralla (M)

The Commissioner of School Education,  
IBRAHIMPATNAM, VIJAYAWADA,  
ANDHRA PRADESH, AMARAVATHI.

Lr. Re.No. 28/2022, Dated: 05-11-2022.

Sir / Madam,

SUB: Submission of Medical Reimbursement Bills of Sri / Smt. M. Venkata Reddy  
Rtd. Gro-II HM ZPHS - Brahmanapalle, Palnadu Dist.  
Request for Scrutiny and Sanctioning of Admissible Amount Rs. 152,479/- - Reg.

-X-X-X-X-

The details of Medical Reimbursement Bills submitted to your for scrutiny and Sanctioning of Admissible Amount as per the existing G.O's are as follows:

Name of the Beneficiary (Patient) : (Self) M. Venkata Reddy  
Name of the Employee / Pensioner : M. VENKATA REDDY  
Rtd. Gro-II HM  
Relation with beneficiary : Self  
Clame Submitted by :

NAME

M. VENKATA REDDY

Name of the Hospital

Relation with Employee / Pensioner

Self

: M/s. CARE HOSPITAL  
Bangare Hills, Hyderabad

Whether the Approved by DME or Not

:  Yes /  No

Date of Admission

: DD / MM / YY 27/09/2022

Date of Discharge

: DD / MM / YY 29/09/2022

Amount Claimed

: Rs. 152,479/-

I certify that I have physically verified the following documents submitted by the Employee/Pensioner and found correct. I also certified that the original bills are kept under my safe custody until the sanction of the bill and when ever asked I will submit the original bills to O/O. A.P. Amaravathi.

- \* Appendix - II
- \* Non-Drawal Certificate
- \* Dependent Certificate
- \* Emergency Certificate
- \* Essentiality Certificate
- \* IP / OP Bills
- \* Consolidated IP / OP Bills
- \* Original Discharge Summary / Death Summamry (Incase of death of the Beneficiary during treatment)
- \* Copy of DME Approved Proceedings ( In case of Approval Hospital)
- \* Pension Payment Order in case f Pensioners
- \* Any other relevant documents.

N. Piduguralla  
HEAD MASTER 05/11/22

Z. P. HIGH SCHOOL  
BRAHMANAPALLE-522437  
Signature of P.D. with Seal  
Piduguralla (M) Guntur Dt.

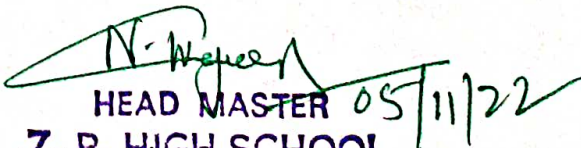
Station: Brahmanapalle  
Date: 05/11/2022



# CERTIFICATE

1. It is certified the all the Original Medical Bills above Verified and found Correct.
2. If any fraud Bills Colour Xerox Bills and Duplicate Blls claimed amoun t the I am the held fully responsibility of Medical Reimbursement.
3. I have uploaded all Medical Original Bills in Original 44 No. Of documents.
4. All the Original Medical Bills kept in ICS Custody.

D.D.O. Phone No.  
9949843815

  
HEAD MASTER 05/11/22  
Z.P. HIGH SCHOOL  
BRAHMANAPALLE-522 437  
Piduguralla (M) Guntur Dt.



# MEDICAL REIMBURSEMENT FORM

## EMPLOYEE (PENSIONER) DETAILS

Employee Type: Local Body Employee PPO NO: 18-00 25670  
Employee I.D.No. : 06026830  
Name: M. VENKATA REDDY E-mail: \_\_\_\_\_  
Mobile No. 9949940761 Employee Designation: Gr.IIHM

## ADDRESS DETAILS

CFM.SID: 80197078

### Residential Address:

House No: 16-623/4 Street No.: Back Side of Dr. Anji Roddy Hospital State: AP  
District : PALNADU Village / City / Town: Piduguralla

### Office Address:

House No: 1-1 Street No.: Main Road State: AP  
District : PALNADU Village / City / Town: Piduguralla (M) Brahmonepalle

## EMPLOYEE PAY DETAILS

Pay Source: state Govt PRC: 2022 State: AP

## POSTING DETAILS

HOD Name: SB DDO Code: 06120308012 Dist. PALNADU

## TREATMENT DETAILS

Treatment For: #CAD - CABG & ON PUMP, TYPE II DM, HTN #  
Patient Name: M. VENKATA REDDY Patient Gender: Male  
Patient Date of Birth: 10-10-1947 Age: 75 Relation with Employee: Self  
Hospital Name: M/s. CARE HOSPITAL, Banjara Hills, Hyderabad  
Hospital State: Telangana Hospital District: Hyderabad  
Date of Admission: 27/9/2022 Date of Discharge: 29/9/2022 Total Amount Claimed: 152471/-  
Is Hypertensive yes Is diabetic yes

## DECLARATION

I hereby declare that the statement in the application is true to the best of my knowledge and belief and that the person from whom medical expenses were incurred is a member of my family as defined under the Government Servant Medical Attendance Rules 1972 and wholly dependent upon me.

N. V. Jayaram  
HEAD MASTER 05/11/22  
Z. P. HIGH SCHOOL  
BRAHMANAPALLI-522437  
Piduguralla (M) Guntur Dt.

[Signature]  
Signature of Employee / Pensioner.

# NON - DRAWAL DECLARATION OF THE APPLICANT

I, Mr./Mrs. MARRI VENKATA REDDY, Retd. Govt. Hm.  
Z.P.H.S - Brahmanapalle, Piduguralla (M)  
Receiving Family Pension / Service Pension Vide P.P.O.No. 18-SFO-025670  
and SBI - Piduguralla A/c No 10730961797  
SBI 10002783 (S.B. A/C.No., Bank Name &  
Branch, Mandal/Town/City) is hereby declare that, I am not claimed previously the  
amount of Rs. 152479/- (Rupees one lakh fifty two thousand  
Four hundred and Seventy Nine only) from the department towards the  
reimbursement of Medical Expenditure incurred for self treatment OR the treatment  
of my spouse/child/Parent.....  
.....(Name & Age) for recovery of #CAD - CABG S.M.  
P.M.P. TYPE II DM, HTN # during the period from 27/9/2022  
to 29/9/2022 at M/S CARE HOSPITAL, Banjara Hills  
Hydhrabad (Hospital Name & Address) and not  
received any part of the above amount so far.

Further, I declare that, it is a First (I) claim during my entire service and  
after my Family Pension Period.

Station: Brahmanapalle  
Date: 05/11/2022

Signature: ✓ Marri Venkata  
Full Name: (M. VENKATA REDDY)  
#NO. 16-623/f

Residential Address: BOOK SIDE DR- Anji Reddy Hospital  
Piduguralla - 522413

Certified that the amount of Rs. 152479/- (Rupees One lakh fifty two  
thousand Four hundred and Seventy Nine only) furnished by the applicant  
in the above declaration has not been drawn from STO. Piduguralla (Dist) PALNADO  
and disbursed to her as per available records of this office and also with reference to the records of  
the Treasury Office.

N. H. Prasad  
**HEAD MASTER** 05/11/22

**Z. P. HIGH SCHOOL**  
**BRAHMANAPALLI-522437**  
Signature of the DDO With Seal  
Piduguralla (M) Guntur Dt.

Station: Brahmanapalle  
Date: 05/11/2022  
Postal Address:

DDO Code at Treasury Officer: 061203800  
TREASURY OFFICE CODE: 0612