

FROM

TO

DEPUTY EDUCATIONAL OFFICER.

The Commissioner of School Education

Ibrahimpattanam, VIJAYAWADA.,

A.P., AMARAVATHI.

RC.No. _____, Dated: _____.

Sir,

SUB: Education-Sec. Education-ZPHS., _____

SRI/SMT. _____

_____ - 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. _____, DT: _____ of the DME., A.P.

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. _____

6) Proposals Received from HM ZPHS _____ Dt. _____

-X-X-X-X-

I do here by submit that the proposals received from SRI / SMT. _____

MANDAL of _____ District through HM ZPHS _____ regarding
Medical Reimbursement of expenses incurred by the self / dependent in respect of Sri/Smt. _____
_____ who has been
suffering from " _____

_____ " and got necessary investigations and treatment in the
_____ Which is declared as referral hospital as per reference 2nd cited above during the
Period from _____ TO _____.

In pursuance of the incumbent's genuine application for the reimbursement of Medical expenses for
the said treatment and investigation for Rs. _____ /-(_____
_____ 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,

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.