

To

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

(THROUGH PROFER CHANNEL)

Sir,

Sub: Request to Sanction the Medical Reimbursement in respect of  
Sri / Smt. \_\_\_\_\_

\_\_\_\_\_ 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.

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With reference to the subject cited, I submit herewith the Medical Bills with  
all the enclosures for Medical Reimbursement for an amount of Rs. \_\_\_\_\_/-  
(Rupees \_\_\_\_\_  
\_\_\_\_\_ Only), as I / My dependant have  
undergone Treatment for the disease \_\_\_\_\_

\_\_\_\_\_ in the Recognised Hospital by the Andhra Pradesh State Government i.e., at \_\_\_\_\_  
\_\_\_\_\_ during the period from \_\_\_\_\_ to  
\_\_\_\_\_ and onward transmit to the higher authorities for future necessary  
action in the matter at an early date.

Thanking your sir,

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

Yours faithfully,