

FROM

TO

HEAD MASTER,

The Commissioner of School Education.,

Z.P.H.School, \_\_\_\_\_

Ibrahimpatnam, VIJAYAWADA.,

\_\_\_\_\_

A.P., AMARAVATHI.

Rc.No. \_\_\_\_\_, Dated: \_\_\_\_\_.

Sir,

SUB: Education- Sec. Education-ZPHS \_\_\_\_\_

SRI /SMT. \_\_\_\_\_

\_\_\_\_\_ Submission of Medical Reimbursement Proposals – Request - 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) Rc.No.ESWE02-24021/11/2021-MDCL-CSE, Dated:16-12-2021 of CSEAP.

6) Application of the individual with PPO No. \_\_\_\_\_

-X-X-X-X-

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

\_\_\_\_\_ MANDAL of \_\_\_\_\_

District 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 2<sup>nd</sup> 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. Emergency &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**