

To

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

(THROUGH PROPER CHANNEL)

Sir,

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

_____ Dist.- Proposals submitted - Req.-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) Rc.No.ESWE02-24021/11/2021-MDCL-CSE, Dated:16-12-2021 of CSEAP
4) Medical Bills issued by the Doctor Concerned.

-xxxx-

I am Family Pensioner and My Husband / Wife in respect of Sri / Smt.

_____ was Died on _____. 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 Husband / Wife have undergone Treatment for the disease _____

_____ in the Recognized Hospital by the Andhra Pradesh State Government/ Telangana State 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,

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