

FROM

TO

DEPUTY EDUCATIONAL OFFICER

The Chief Executive Officer.,
Dr.YSR Aarogyasri Health Care Trust,
Govt.of AP,D.No.241,MGM Capital Building.
Near NRI Junction,Beside Little Village Restaurent,
Chinakakani,Mangalagiri-522 508,Guntur Dist.

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. _____ Dated: _____ of the DME., A.P

3) G.O.Ms.No. 105 H.M&F.W.(K1) Deptt. Dated:09-4-2007.

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.

-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.