

APPENDIX --- II

Application for claiming refund of Medical Expenses incurred in connection with medical attendance and or treatment of Government Servant and their families.

1. Name and Designation of the Government Servant / Retired (In Block Letters) : _____

2. Office in which employed : _____

3. Pay of the Govt.Servant as defined in F.Rs. : PAY Rs. _____/- D.A / D.R Rs. _____/-
And other emoluments which should be : H.R.A Rs. _____/- P.P. RS. _____/-
Shown separately : I.R. Rs. _____/- GROSS RS. _____/-
4. Place of duty : _____

5. Full residential address with D.No. and Name of the Mohalla : _____

6. Name of the patient him/her relationship to : _____
The Govt.Servant(In case of children Stage age also) _____
7. Place at which the patient fell ill : _____

8. Nature of illness and its duration : _____

- FROM _____ TO _____
9. Details of amount claimed, cost of medicines Purchased from the market, list of medicines Cash memos and the essentially certificate Should be attached each in duplicate signed By treatment doctor. : Enclosed
10. Total amount claimed : Rs. _____/-
11. List of enclosures :
- | | | | |
|-----------------------------|-----|--------------------------|-----|
| a) Essentiality Certificate | () | b) Emergency certificate | () |
| b) Discharge summary | () | d) Medical Bills | () |

DECLARATION BY THE GOVERNMENT SERVANT

I hereby declare that the contents in this application are true to the best of my knowledge and belief and that the medical expenses are incurred for self as defined under the Andhra Pradesh Government Medical Attendance Rules 1972 and wholly dependent upon me.

Signature of the Govt.Servant

Signature of the Forwarding Authority.