

FROM

TO

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

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, \_\_\_\_\_

District regarding Medical Reimbursement of exepenses incurred by the Self / dependent inrespect of

who has been sufferring from \_\_\_\_\_

\_\_\_\_\_ and necessary investigations, Operation 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. Essentiality & Emergency certificates**

**3. Dependent Certificate & Discharge summary**

**4. Referral Hospital G.O.**

**5. Non-Drawal certificate**

**6. Original Bills & Abstract**

**7. Other Connected Papers**