

FROM

TO

MANDAL EDUCATIONIAL OFFICER,
MANDAL PARISHAD,

The District Educational Officer,
_____.

RC.No. _____ , Dated: _____

Sir,

SUB: Education-Ele. Education – M.P _____ District
Sri /Smt _____
_____ Mandal- 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.,AP

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) 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 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 & Emergency certificates**
- 3. Dependent Certificate & Discharge summary**
- 4. Referral Hospital G.O.**
- 5. Non-Drawal certificate**
- 6. Original Bills & Abstract**
- 7. Other Connected Papers.**