

SPEED POST

PROCEEDING OF THE DIRECTOR OF SCHOOL EDUCATION
ANDHRA PRADESH :: HYDERABAD

Rc.No. Spl/R2-3/2008,

Dated: 27.08.2008.

Sub: Medical Attendance - Communication of prepared and Developed Non-Drawal Declaration proforma for medical reimbursement proposals of Retired employees - Reg.

Read: G.O.Ms.No. 74 HM &FW (K1) Department, Dated 15.03.2005.

...

The attention of all the District Educational Officers is invited to the subject cited and they are informed that the Mandal Educational Officers and Gazetted Headmasters and most of the forwarding authorities of the medical reimbursement proposals in respect of retired employees are submitting the Non-Drawal Certificate of the Drawing and Disbursing Officers, instead of the non drawal declaration of the applicants with the attestations of the Drawing and Disbursing Officers concerned, as stipulated in G.O. read above. Further it is also noticed that the said certificates are also not fulfilling the required non-drawal amount particulars along with the complete ailment details etc. of the applicants. The Drawing and Disbursing Officer concerned are also not informing the concerned treasury office particulars, to enable to quote the same in the sanction orders.

In view of the above, they are informed that the Non-Drawal Declaration, which is obligatory one to furnish with proposal of medical reimbursement by the applicant vide sub-para (21) of para (9) of the reference read above. The same proforma containing all the details in the part of the applicant and the Drawing and Disbursing Officer concerned is communicated herewith to the under mentioned officers for taking further necessary course of action, immediately.

Therefore, all the District Educational Officers in the state are requested to communicate the appended proforma to all the forwarding authorities of medical reimbursement proposals, who are directly submitting to this office in light of the G.O.Ms.No.40, Finance (PC-I) Department, Dated 07.05.2002 and issue instructions to all the forwarding authorities in this regard immediately.

The action taken in this regard by the District Educational Officers should informed to this office by 15.09.2008.

Encl: Proforma.

D.V. Krishnavinayak
for Director of School Education

To

All the District Educational Officers in the state.

All the Regional Joint Directors of School Education in the State.

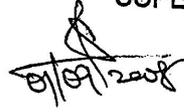
All the Principals of DIETs in the State.

All the Principals of IASEs/CTEs in the State.

Copy to the Superintendents of R1 & R2 Sections of this office for necessary action.

//F.B.O.//


SUPERINTENDENT


P.T. 0

NON-DRAWAL DECLARATION OF THE APPLICANT

I, Mr./Mrs. _____
(Surname & Name)

Retd. _____
(Designation, School Name, Village, Mandal and District)

receiving the Family/Service pension vide P.P.O. No. _____ and

(SB A/c. No., Bank Name, Branch Name and Mandal/Town/City)

is hereby declare that, I am not claimed previously the amount of Rs. _____
(Rupees _____ only)
from the department towards the reimbursement of medical expenditure incurred
for self treatment (or) the treatment of my spouse/child/parent
_____ for recovery

_____ of _____
(Name and Age) _____
(Disease)

during the period from _____ to _____ at
_____ and not received any
(Hospital Name & Address)
part of the above amount so far.

Further, I declare that, it is a First/Second/third () claim during my
entire service and after retirement period.

Station:

Signature:

Date:

Full Name:

Residential Address:

Contact Phone No.

Certified that the amount of Rs. _____ (Rupees _____
_____ only) furnished by the applicant
in the above declaration has not been drawn from STO/DTO/PAO
_____ (Dist.) _____ and disbursed to him/her as per
available records of this office and also with reference to the records of the
Treasury Office.

Station:

Signature of the DDO
with Seal.

Date:

DDO Code at Treasury Office:

Treasury Office Code:

Postal Address
of the Office/School: -.

PROCEEDINGS OF THE COMMISSIONER AND DIRECTOR OF SCHOOL
EDUCATION; ANDHRA PRADESH, HYDERABAD

R.C.No. 8878/D3-4/2009,

Date: 02-09-2009.

Sub: Medical Attendance – Medical Reimbursement Proposals in respect of
Teachers /HMs and other employees of Education Department – Certain
instructions – Reg.

The attention of the all the District Educational Officers in the State are invited to the above object and they directed to process the medical bills in full shape duly following the instructions given below and to maintain the Medical Reimbursement Register to avoid double claims. They are further directed to inform the same to the HMs/Dy EOs/ MROs also with an instruction to follow strictly while forwarding medical reimbursement Proposals

Enclosures needed along with Medical Reimbursement proposals:

1. Annexure –II (with amount, signature of the applicant and attestation)
2. Emergency certificate (with Signature and stamp of Hospital/Treated Doctor).
3. Essentiality certificate (with Signature and stamp of Hospital/Treated Doctor. The amount in the Essentiality Certificate should tally with amount in the Annexure –II).
4. Discharge Summary (with Signature and stamp of Hospital/Treated Doctor).
5. Out Patient Card in treatment taken as Out Patient.
6. Dependent and Non-drawal certificates (with attestation of the forwarding authority and signature of the applicant.)
7. For every follow up treatment for post operative cases, who requires life long treatments, the concerned patient has to get revalidation of prescriptions once in six months from the specialist government doctor.
8. In case of accident cases and treatment taken in unrecognized hospitals under emergency. FIR should be submitted.
9. Legal heir certificate should be submitted in case of death of the teacher.
10. Pension Payment Order in the case of retired employees with attestation of the forwarding authority.

NONDRAWAL CERTIFICATE

Sri..... (Designation) of
.....school has not claimed the amount of Rs..... for the pe-
riod of treatment i.e. from to previously and
this is the Spell for the Disease and entered in
Medical Reimbursement Register.

Signature Government Servant.
Signature of the Forwarding Authorities.

DEPENDENT CERTIFICATE

Sri/ Smt. son/ Daughter /Spouse/Par-
ents of Sri..... Designation. of
school has not an employee/ Pensioner & fully dependent on me and he/she has
no other source of income and completely dependent on me.

Signature of Applicant

Signature of the Forwarding Authorities.

This has the approval of the Commissioner & Director of School Education,
Andhra Pradesh, Hyderabad..

B.SUDHAKAR,
Commissioner and Director of School Education.

NON-DRAWAL CERTIFICATE

SRI/SMT _____

Mandal of Guntur District has not claimed the amount of Rs. _____/-

(In words _____

_____ rupees only) for the period of treatment

i.e., from _____ to _____ previously and this is

the _____ spell for the _____

disease and entered in Medical Reimbursement Register.

Signature Government Servant.

Signature of the
Forwarding Authorities.

DEPENDENT CERTIFICATE

SMT/SRI _____

Wife/Mother/Father/Daughter/Son of Sri/Smt _____

_____ Mandal

of _____ District has not an employee / Pensioner and Fully dependent on

me and he/she has no other source of income and completely Dependent on me

Signature of Applicant.

Signature of the
Forwarding Authorities.

**PROCEEDINGS OF THE COMMISSIONER & DIRECTOR OF SCHOOL EDUCATION
ANDHRA PRADESH : : HYDERABAD**

Rc. No. 8878/D3-4/2009.

Dated: 28.01.2010.

Sub: Medical Attendance – Medical Reimbursement Proposals in respect of employees of Education Department – Certain instructions – Regarding.

Read: This office Proc.Rc.No. 8878/D3-4/2009, dt: 02.09.2009.

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The attention of all the District Educational Officers in the State is invited to the reference read above (copy enclosed) wherein they were directed to process Medical Reimbursement Proposals duly following certain instructions given therein and to inform the same to the HMs / MEOs./ DyEOs under their jurisdiction. But the Medical Reimbursement Proposals are not being received in this office from the forwarding authorities in full shape and without following the proformae prescribed therein with out which it is not possible to forward the same to the Director of Medical Education / NIMS / SVIMS etc. for scrutiny. It is causing unnecessary correspondence with the forwarding authorities and ultimately resulting in delay in the disposal of Medical Reimbursement Proposals.

They are, therefore, requested to instruct the forwarding authorities under their jurisdiction to process the Medical Reimbursement Proposals scrupulously and with utmost care and send the same to this office in full shape duly enclosing all the required documents alongwith the filled in proformae, (particulars Non-drawal Certificate and Dependent Certificates) otherwise they will be held responsible for the non submission of the proposals in full shape and in the prescribed proformae.

They are further requested to instruct them to ensure that the particulars of availment of Medical Reimbursement in respect of employees working under them are properly entered in the Medical Reimbursement Register having columns noted below under their proper attestation by the controlling officers to avoid double claims. Any deviation in this regard will be viewed seriously.

PROFORMAE

Sl. No.	Name and Designation	Place of work	Disease	Period	Amount	Spell	Entered in S.R	Entered in Reimbursement Register	Signature of authority
1	2	3	4	5	6	7	8	9	10

for Commissioner & Director of School Education

To
All District Educational Officers in the State

BY SPEED POST:

**PROCEEDINGS OF THE COMMISSIONER & DIRECTOR OF SCHOOL
EDUCATION :: ANDHRA PRADESH :: HYDERABAD**

Rc.No. Spl/R2-3/2008,

Dated 28/06/2011.

Sub: Medical Attendance / - Reimbursement of Medical Expenditure of Retired Employees of the Department in the State - Certain instructions for submission of proposals to this office - issued - Reg.

- Read: 1. G.O.Ms.No. 74 HM &FW (K1) Department, Dated 15.03.2005 and time to time amendments to it.
2. This office Proc.Rc.No. Spl/R2-3/2008, dated 27.08.2008.
3. This office Proc.Rc.No. 8878/D3-4/2009, dated 02.09.2009.

...

The attention of all the Sub-Officers under the jurisdiction of this office is invited to the reference 2nd read above, wherein the District Educational Officers in the State were specifically requested to communicate the appended Non-Drawal Declaration proforma, designed by this office to the Mandal Educational Officers and Gazetted Headmaster of High Schools in their districts with the directions to enclose the same along with the Medical Reimbursement proposals in future submitted by the Retired Employees. Further a copy of the reference 2nd read above was also communicated to the all Regional Joint Directors of School Education, Principals of DIETs, Principals of IASEs/CTEs in the State for strict implementation in regard to the Retired Employees of their offices concerned.

But, it has been noticed that, the forwarding authorities are not obtaining the Non-Drawal Declaration in the prescribed proforma, which is obligatory one to furnish with proposal of medical reimbursement by the Retired Applicant/Family Pensioner vide sub-para (21) of para (9) of the reference 1st read above and submitting to this office along with the proposals. The proforma contains all the details from the part of the applicant and the Drawing and Disbursing Officer concerned, to restrict the unforeseen bogus Medical Reimbursement claims etc., and also to take further stringent action on the bogus claimants as per the information available in it.

In these days so many bogus Medical Reimbursement claims of the Retired Employees have been noticed and the necessary stringent action as per rules in vogue on the delinquents is under process.

In view of the above, all the sub-officers under the control of this office jurisdiction are directed to comply the following instructions: -

- 1) Strictly implement the Non-drawal declaration proforma of the Medical Reimbursement claim, communicated in regard to the Retd. Employees of the Department in this office Proc.Rc.No. Spl./R2-3/2008, dated 27.08.2008.
- 2) Issue the instructions to the claimants/forwarding authorities to furnish the dependency declaration with the attestation of the responsible State Government Gazetted Officer or Forwarding Authority concerned, instead of Dependent Certificate prescribed earlier by this office in Proc.Rc.No. 8878/D3-4/2009, dated 02.09.2009.

(P.T.O)

- 19/5/11
- 3) The District Educational Officers in the State are requested to issue the directions to the Mandal Educational Officers, Deputy Educational Officers and Gazetted Headmaster of High Schools to furnish a separate certificate of the forwarding authority in regard to the dependency particulars with reference to the Family Members entry in the Service Register concerned and its page number etc., along with the Medical Reimbursement proposals of the claimant with immediate effect. These instructions are also apply to the other sub-officers under the jurisdiction of this office for furnishing the said certificate along with the Medical Reimbursement proposals of the claimants, those who were retired from their offices.
 - 4) All the Sub-officers under the control of this office are directed to strictly be maintain a Permanent Register of the Medical Reimbursement claims with full details and disbursement particulars with proper attestation and they are also directed to furnish the particulars of previous sanctions of medical reimbursement and pending proposals (if any) along with medical reimbursement proposal of the concerned claimant in future for verification.

Give top priority to these instructions and action should be taken accordingly with immediate effect.

This has the approval of the Commissioner & Director of School Education, Andhra Pradesh, Hyderabad.

B. Sudhakar
for Commissioner & Director of School Education

To
All the District Educational Officers in the state.
All the Regional Joint Directors of School Education in the State.
All the Principals of DIETs in the State.
All the Principals of IASEs/CTEs in the State.
Copy to the MB.I & MB.II Sections of this office for necessary action.
Copy to the Assistant Director (Medical) of this office for necessary action.
Copy to the Assistant Director (Pensions) of this office for necessary action.
Copy to the Joint Director (Services) of this office for information.
Copy to the Joint Director (EE) of this office for information.

//F.B.O.//

MUS fym 0417
SUPERINTENDENT

04/07/2011

SELF DECLARATION OF THE EMPLOYEE FOR DEPENDANT FAMILY MEMBERS.

నేను (శ్రీ/శ్రీమతి.....) ప్రస్తుతము.....నందు
గా పని చేయుచున్నాను. నా యొక్క కుటుంబ సభ్యుల వివరములు క్రింద తెలుపబడిన ప్రకారముగా వున్నవనియూ, వీరందరూ నాపై పూర్తిగా ఆధారపడి మరియు ఎటువంటి సంపాదన లేకుండా జీవించు చున్నారని యిందుమూలముగా ఉన్న వాస్తవమును తెలియ పరచుచూ ధృవీకరించు చున్నాను.

వ.నెం.	కుటుంబ సభ్యుని పేరు	ఉద్యోగితో సంబంధం	వయస్సు	రిమార్కులు

Signature of the Employee.

DEPENDANT CERTIFICATE ISSUED BY FORWARDING OFFICER

(Rc.No.Spl/R2-3/2008, Dated:28/06/2011 of Commissioner & Director of School Education, A.P. Hyderabad.)

శ్రీ/శ్రీమతి.....వారు.....నందు
గా పనిచేయుచున్నారు. వీరిపై ఆధారపడియున్న కుటుంబసభ్యుల వివరములు వీరి యొక్క సర్వీసు రిజిస్టరు పేజి నెం.....వాల్చ్యమ్.....నందు నమోదు చేయడ మైనదని మరియు వైద్య ఖర్చులు ఐన పైన తెలుపబడిన కుటుంబ సభ్యులలోని ఒకరైన వీరి.....అయిన శ్రీమతి / శ్రీ/ కుమారిగారు వీరిపై ఆధారపడియున్నారని యిందు మూలముగా ధృవీకరించుచూ సంబంధితుని యొక్క మెడికలు రియంబర్సుమెంటు ప్రతిపాదనలు సమర్పించడమైనది.

Signature of the D.D.O. with Seal..