

**REQUIRED INFORMATION&DOCUMENTS FOR MEDICAL REIMBURSEMENT CLAIME  
IN CSEAP FOR PENSIONERS ONLY ( SERVICE/FAMILY)**

**\*\* PERSONEL DETAILS \*\***

PPO ID: \_\_\_\_\_ Name of the Employee: \_\_\_\_\_  
Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Designation: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Aadhar No. \_\_\_\_\_ ATO/STO/PAO Name: \_\_\_\_\_ PPO No. \_\_\_\_\_

**\*\* EMPLOYEE ADDRESS DETAILS \*\***

House No: \_\_\_\_\_ Street Name: \_\_\_\_\_ District: \_\_\_\_\_  
Mandal: \_\_\_\_\_ Village: \_\_\_\_\_ Pin Code: \_\_\_\_\_  
School Name: \_\_\_\_\_

**\*\* BANK DETAILS \*\***

Bank Name: \_\_\_\_\_ Bank Branch: \_\_\_\_\_ IFSC Code: \_\_\_\_\_  
A/C. No.: \_\_\_\_\_ A/c. Holder Name: \_\_\_\_\_

**\*\* PATIENT DETAILS \*\***

Relation Ship with Employee: \_\_\_\_\_ Name of the Patient: \_\_\_\_\_  
Patient Date of Birth \_\_\_\_\_ Patient Gender: \_\_\_\_\_ In-Patient No. \_\_\_\_\_  
Nature of Disease: \_\_\_\_\_  
Date of Admission: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_ In case of Death, During Treatment : Yes /No  
Total Amount: Rs. \_\_\_\_\_/- Is Hypertensive: \_\_\_\_\_ Is Diabetic: \_\_\_\_\_

**\*\* HOSPITAL DETAILS \*\***

Hospital District Name: \_\_\_\_\_ Hospital Name: \_\_\_\_\_  
\_\_\_\_\_ Date of Recognition From \_\_\_\_\_ To \_\_\_\_\_  
IP Bill No. \_\_\_\_\_ Bill Date: \_\_\_\_\_

**\*\* UPLOAD DOCUMENTS \*\***

- 1) Discharge Summary, 2) Essentiality Certificate, 3) Emergency Certificate, 4) PPO Copies
- 5) Non-Drawal Certificate 6) Referral Hospital Copy, 7) Consolidate Bills, 8) Appendix-II
- 9) Employee & DDO Declaration Forms, 10) Other Relevant Documents (Proof in Support of Claime)
- 11) Other Documents (Proof in Support of Claime ) 12) Upload IP Bill Documents
- 13)Aadhar Cards, 14) Bank Pass Book 15) Pensioner ID Card 16) If Required Documents

సర్వీసు / ఫ్యామిలీ పెన్షనర్స్ మాత్రమే తప్పకుండా CSEAP వెబ్ సైట్ నందు పాఠశాల యొక్క డైన్ కోడ్ ద్వారా లాగిన్ అయి మాత్రమే అన్ లైన్ చేయవలెను  
(Note: Maximum Size of Attachments Allowed PDF Size 6 KB to 1 MB )