

GOVERNMENT OF ANDHRA PRADESH  
SCHOOL EDUCATION DEPARTMENT

FROM

TO

HEAD MASTER,

Z.P.H.School, Brahmanapalli  
piduguralla (MDU)

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 Restaurant,  
Chinakakani,Mangalagiri-522 508,Guntur Dist.

Lr. Rc.No. 39/2022-23, Dated: 04-01-2023

Sir / Madam,

SUB: Submission of Medical Reimbursement Bills of Sri / Smt. T. Kondala Rao SACPD  
Z.P.H.S. Brahmanapalli, piduguralla (MDU), palnadu Dist.  
Request for Scrutiny and Sanctioning of Admissible Amount Rs. 50,779/- - Reg.  
REF: 1) Rc.No.ESWE02-24021/11/2021-MDCL-CSE, Dated:16-12-2021 of CSEAP.  
2) Other Connected Papers.

-X-X-X-X-

The details of Medical Reimbursement Bills submitted to your for scrutiny and Sanctioning of Admissible Amount as per the existing G.O's are as follows:

Name of the Beneficiary (Patient)	:	<u>T. Kumara Swamy</u>
Name of the Employee / Pensioner	:	<u>T. Kondala Rao SACPD</u> <u>Z.P.H.S. Brahmanapalli</u>
Relation with beneficiary	:	<u>SON / Father</u>
Claim Submitted by Name	:	<u>A T. Kondala Rao SACPD</u>
Name of the Hospital	:	<u>M/S. Amaravathi Institute of Medical Sciences</u> <u>Pvt. Ltd, Guntur</u>
Whether the Approved by DME or Not	:	Yes / <u>No</u>
Date of Admission	:	<u>10-07-2022</u>
Date of Discharge	:	<u>12-07-2022</u>
Amount Claimed	:	Rs. <u>50,779/-</u>

I certify that I have physically verified the following documents submitted by the Employee/Pensioner and found correct. I also certified that the original bills are kept under my safe custody until the sanction of the bill and when ever asked I will submit the original bills to Concerned Authority.

1.Photo of the Patient	:	Yes	✓	No
2.Appendix - II	:	Yes	✓	No
3.Non-Drawal Certificate	:	Yes	✓	No
4.Dependent Certificate	:	Yes	✓	No
5.Essentiality Certificate	:	Yes	✓	No
6.OP Bill	:	Yes	✓	No
7.Certificate A / OP Card	:	Yes	✓	No
8.Consolidated Bills	:	Yes	✓	No
9.Declaration Form	:	Yes	✓	No
10. Referral Hospital Proceedings	:	Yes	✓	No
11. Other Relevant Medical Reports	:	Yes	✓	No
12. Others	:	Yes	✓	No

Station: Brahmanapalli  
Date: 04/01/2023

N. W. Sreenivasulu Reddy  
HEAD MASTER 04/01/23  
Z.P. HIGH SCHOOL  
Signature of DDO with Seal  
BRAHMANAPALLI-522 437  
Piduguralla (M) Guntur Dt.

FROM

HEAD MASTER,  
Z.P.H.School, Brahmanapalli  
Piduguralla  
Guntur (M)

TO

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 Restaurant,  
Chinakakani,Mangalagiri-522 508,Guntur Dist.

RC.No. 39/2022-23 , Dated: 04-01-2023

Sir,

SUB: Education-Sec. Education - ZPHS Brahmanapalli, Piduguralla (MDU)  
Sri/Smt T. Kondala Rao SACPD  
- 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. 2581/P3/2021 Dated: 26/05/2021 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 T. Kondala Rao  
SACPD, ZPHS, Brahmanapalli, Piduguralla Mandal, (Guntur) Mandal  
District regarding Medical Reimbursement of expensess incurred by the Self / dependent in respect of  
His father T. Kumara Swamy  
who has been sufferring from RECURRENT CVA WITH LEFT  
HEMIPLEGIA HTN+

and necessary investigations, Operation and treatment in the AMARAYATHI  
Institute of Medical Science Pvt.Ltd, Guntur Which is declared as  
referral hospital as per reference 2<sup>nd</sup> cited above during the period From 10-07-2022 TO 12-07-2022

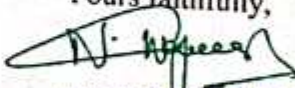
In pursuance of the incumbent's genuine application for the reimbursement of Medical  
expenses for the said treatment and investigation for Rs. 50779 (Five Thousand  
Seven hundred and Seventy Nine rupees only).  
I do hereby forward his application along with the following connected papers so as to bring to your  
notice for favourable action for issuing necessary orders regarding.

Thanking you sir,

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.

Yours faithfully,

  
HEAD MASTER 04/01/23  
Z.P. HIGH SCHOOL  
BRAHMANAPALLI-522 437  
Piduguralla (M) Guntur Dist

To

The CEO, Dr. YSR Trust, Mangalagiri, Guntur (Dist) &  
Head Master,  
ZPAS, Brahmanapalli

Sir,

Sub: Request to Sanc on the Medical Reimbursement in respect of

Sri / Smt. T. Kondala Rao SACPD

ZPAS, Brahmanapalli, (Guntur)  
Palnadu District - Proposals submitted - Reg.

Ref: 1) G.O.Ms.No.74 M&H Dep . Dated:15/03/2005.

2) G.O.Ms.No.105 M&H Dep . Dated: 09/04/2007.

3) Rc.No.ESWE02-24021/11/2021-MDCL-CSE, Dated:16-12-2021 of CSEAP

4) Medical Bills issued by the Doctor Concerned.

-xxxx-

With reference to the subject cited, I submit herewith the Medical Bills with all the enclosures for Medical Reimbursement for an amount of Rs. 50,779/- (Rupees Fifty thousand Seven hundred and Seventy nine

Only), as ~~+~~ / My dependant have undergone Treatment for the disease (My father T. Kumbura Swamy)  
RECURRENT CVA WITH LEFT HEMIPLEGIA HTHT

in the Recognised Hospital by the Andhra Pradesh State Government i.e., at \_\_\_\_\_

Amaravathi Institute of Medical Sciences P.V.Ltd,  
Guntur during the period from 10-07-2022 to

12-07-2022 and onward transmit to the higher authorities for future necessary action in the matter at an early date.

Thanking your sir,

  
Yours faithfully,

Enclosures:

- 1) Emergency Certificate
- 2) Essentiality Certificate
- 3) Discharge Certificate
- 4) I.P Final Bill & Medical Bills
- 5) Appendix - II
- 6) Check List
- 7) Non-Drawal Certificate
- 8) Dependant Certificate

# AVAILMENT CERTIFICATE

Medical Reimbursement of Sri / Smt. T. Kondab Rao SACPD

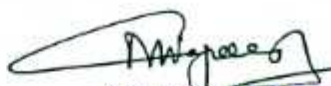
Z.P.H.S. Brahmanapalli, Piduguralla (M.D.)  
Palnadu (A.P.) is First Spell of claim.

His / Her dependent He/ ~~She~~ was under gone treatment for  
Recurrent CVA with left Hemiplegia HTN+

at Amaravathi Institute of Medical Sciences  
Pvt. Ltd., Guntur

during the period from 10/7/2022 to 12/07/2022

  
Signature of the Employee.

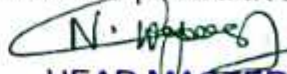
  
HEAD MASTER 04/07/23  
Z.P. HIGH SCHOOL  
Signature of the D.D.O.  
P.O. Palnadu, Piduguralla Dt.

## CHECK SLIPS FOR SENDING MEDICAL REIMBURSEMENT PROPOSALS

1. Name and address of the employee & Employee Code : T. Kondala Rao SA(CPD)  
: 0623621
2. If Retired :  
 a) Date / Year of Retirement : \_\_\_\_\_  
 b) Designation : \_\_\_\_\_  
 c) P.P.O.No : \_\_\_\_\_
3. Communication of the Applicant Address For all purposes with Cell No. : 2-F, Movampudi (Post)  
: Duggirak (MPL)  
: Guntur (M), cell: 99599 48868
4. Name and address of the Hospital  
 a) Whether it is private Hospital (or) Recognized Hospital : Govt. Recognised Hospital  
 b) Whether referral letter produced (or) (Recognized orders to be enclosed along With the proposals) : Yes
5. Whether the Medical Reimbursement proposals Sent with in 6 months from the date of discharge : Yes
6. Whether the following are enclosed.  
 1. Appendix-II duly attested by the D.D.O/H.O : YES / ~~NO~~  
 2. Non Drawal Certificate in Prescribed proforma : YES / ~~NO~~  
 3. In case Retired complete set of PPO Copy duly attested by the forwarding authority. : YES / ~~NO~~  
 4. Emergency Certificate : YES / ~~NO~~  
 5. Essentiality certificate : YES / ~~NO~~  
 6. Discharge Summary : YES / ~~NO~~  
 7. In case Dependant, Dependant Certificate : YES / ~~NO~~
7. If the patient is dependent on the Govt.Employee in case of dependants above the age of 18 years Un-Employee Certificate and Marital Status of Dependent are to be enclosed with Medical Reimbursement Proposal: Yes
8. In case of the dependent of deceased Govt. Employee / Retired Employee whether Death & Legal Heir Certificate enclosed or not. : NA
9. Whether the Medical reimbursement proposals is prepared and submitted with reference to G.O. Ms.No.74 Dt:15-3-2005 & G.O.Ms.No. 60 Dt.15-10-2003 & G.O.Ms.No.105 Dt.9-4-2007 And also G.O.Ms.No.180 Dt. 11-05-2006. : Yes
10. Whether the Medical Reimbursement claim in processed through the drawing officer and received within the stipulated time : Yes
11. And whether the availment of No.of installments recorded (or) not : Yes
12. Whether an entry is made in the service register ( or ) not for previous claim and drawal. : Yes

I T. Kondala Rao, SA(CPD), 2 PHS, Brahmanapalli hereby declare that My Wife/Father/Mother/Son/Daughter T. Kumara Sany has no property or income of his/her own and that he/she is wholly dependent on me as per APIMA Rules 1972.

  
Signature of the Government Servant.

  
HEAD MASTER 04/01/23  
Signature of the Forwarding Authority.  
BRAHMANAPALLI-522 437  
Piduguralla (M) Guntur Dt.

FROM

HEAD MASTER

Z.P.H.S. Brahmanapalli  
piduguralla (M)

TO

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 Restaurant,  
Chinakakani,Mangalagiri-522 508,Guntur Dist.

Lr. Rc.No. 39/2022-23, Dated: 04-01-2023

Sir / Madam,

SUB: Submission of Medical Reimbursement Bills of Sri / Smt. T. Kondale Rao  
SACPD, Z.P.H.S. Brahmanapalli, palmadu (M) Dist.  
Request for Scrutiny and Sanctioning of Admissible Amount Rs. 50,779 /- - Reg  
REF: 1) Rc.No.ESWE02-24021/11/2021-MDCL-CSE, Dated:16-12-2021 of CSEAP.  
2) Other Connected Papers.

-x-x-x-x-

The details of Medical Reimbursement Bills submitted to your for scrutiny and Sanctioning of Admissible Amount as per the existing G.O's are as follows:

Name of the Beneficiary (Patient) : T. Kumara Swamy  
Name of the Employee / Pensioner : T. Kondale Rao  
Relation with beneficiary : Father  
Clame Submitted by :

NAME

T. Kumara Swamy

Name of the Hospital

Relation with Employee /Pensioner

Father

: Amaravathi Institute of  
Medical Sciences PVT LTD, Guntur

Whether the Approved by DME or Not

: Yes / ~~No~~

Date of Admission

: DD / MM / YY 10/07/2022

Date of Discharge

: DD / MM / YY 12/07/2022

Amount Claimed

: Rs. 50,779 /-

I certify that I have physically verified the following documents submitted by the Employee/Pensioner and found correct. I also certified that the original bills are kept under my safe custody until the sanction of the bill and when ever asked I will submit the original bills to Concerned Authority.

- \* Appendix - II
- \* Non-Drawal Certificate
- \* Dependent Certificate
- \* Emergency Certificate
- \* Essentiality Certificate
- \* IP / OP Bills
- \* Consolidated IP / OP Bills
- \* Original Discharge Summary / Death Summamry (Incase of death of the Beneficiary during treatment)
- \* Copy of DME Approved Proceedings ( In case of Approval Hospital)
- \* Pension Payment Order in case f Pensioners
- \* Any other relevant documents.

Station:

Brahmanapalli

Date:

04/01/2023

HEAD MASTER

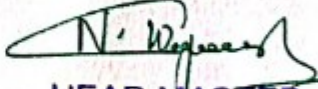
[Signature] 04/01/23  
Z.P.H.S. HIGH SCHOOL  
BRAHMANAPALLI-522 437  
Piduguralla (M) Guntur Dt.

# CERTIFICATE

1. It is certified the all the Original Medical Bills above Verified and found Correct.
2. If any fraud Bills Colour Xerox Bills and Duplicate Blls claimed amoun t the I am the held fully responsibility of Medical Reimbursement.
3. I have uploaded all Medical Original Bills in Original 40 No. Of documents.
4. All the Original Medical Bills kept in ICS Custody.

D.D.O. Phone No.

99 498438 15

  
HEAD MASTER 04/01/23  
DDO SIGNATURE  
BRAHMANAPALLI-522 437  
Piduguralla (M) Guntur Dt.

# DEPENDANT CERTIFICATE

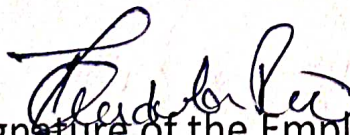
(As per instructions issued in C & DSE., A.P., Hyderabad Procs.


Rc.No.8878/D3-4/2009, Dated: 02-09-2009)

I, Sri /-Smt. T. Kondala Rao, SA (PD)

2 PHS, Brahmanapalli,  
piduguralla Mandal, palnadu District, do hereby  
declare that, My Dependat of Sri /-Smt. T. Kumara Swamy

01-01-1956 Age (66) Years  
is My ~~son~~ / Daughter / Mother / Father / Husband / ~~Wife~~ and  
has no property of Income of his / ~~her~~ own and that, he / ~~she~~ is wholly  
dependant on my only, he / ~~she~~ is also not a Employee or Pensioner.

  
Signature of the Employee.

  
HEAD MASTER 04/01/2009  
Signature of the D.D.O.  
BRAHMANAPALLI-522 437  
Digitally signed by Mr. D. S. R. Murthy



# MEDICAL REIMBURSEMENT FORM

## EMPLOYEE DETAILS

Employee Type: Local body Employee ID: 0623621  
Name: T. Kondala Rao E-mail: \_\_\_\_\_  
Mobile No. 9959948868 Employee Designation: SAC(PD)

## ADDRESS DETAILS

### Residential Address:

House No: 2-8 Street No.: Main Road State: AP  
District : Guntur Village / City / Town: Moramudi, Duggirala (MPU)

### Office Address:

House No: 1-1 Street No.: Main Road State: AP  
District : palmadu Village / City / Town: Brahmanapalli

## EMPLOYEE PAY DETAILS

Pay Source: State Govt PRC: 2020 State: AP

## POSTING DETAILS

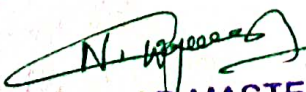
HOD Name: SE DDO Code: 06120308012 Dist. palmadu

## TREATMENT DETAILS

Treatment For: Recurrent CVA w/ left Hemiplegia HTN +  
Patient Name: T. Kumara Swamy Patient Gender: Male  
Patient Date of Birth: 1-1-1956 Age: 66 Relation with Employee: Father  
Hospital Name: Amaravathi Institute of Medical Sciences Pvt-Ltd, Guntur  
Hospital State: AP Hospital District: Guntur  
Date of Admission: 10/07/22 Date of Discharge: 12/07/2022 Total Amount Claimed: 50,779/-  
Is Hypertensive Yes Is diabetic NO

## DECLARATION

I hereby declare that the statement in the application is true to the best of my knowledge and belief and that the person from whom medical expenses were incurred is a member of my family as defined under the Government Servant Medical Attendance Rules 1972 and wholly dependent upon me.

  
HEAD MASTER  
Z.P. HIGH SCHOOL  
BRAHMANAPALLI-522 437  
Piduguralla (M) Guntur Dt.  
04/01/23

  
Signature of Employee / Pensioner

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) : Shri T. KONDALA RAO  
SAC PD
2. Office in which employed : 2 PHS, Brahmanapalli,  
Piduguralle (MDU), Palnadu CD
3. Pay of the Govt. Servant as defined in F.Rs. : PAY Rs. 63660 /- D.A / D.R Rs. 12745 /-  
And other emoluments which should be : H.R.A Rs. 7639 /- P.P. RS. — /-  
Shown separately : I.R. Rs. — /- GROSS RS. 84044 /-
4. Place of duty : 2 PHS, Brahmanapalli,  
Piduguralle (MDU)
5. Full residential address with D.No. and Name of the Mohalla : 2-8, Morampudi (POST)  
Duggur (MDU)  
Guntur (Dt)
6. Name of the patient him/her relationship to : T. Kumara Swamy - Father  
The Govt. Servant (In case of children Stage age also)
7. Place at which the patient fell ill : Amaravathi Institute of Medical  
Sciences PVT-LTD. Guntur
8. Nature of illness and its duration : RECURRENT CVA WITH LEFT  
HEMIPLEGIA HTN+  
FROM 10-07-2021 TO 12-07-2021
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. 50,779 /-
11. List of enclosures :
- a) Essentiality Certificate (  )  
b) Discharge summary (  )  
b) Emergency certificate (  )  
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.

HEAD MASTER 04/01/22  
BRAHMANAPALLI-522 437  
Piduguralla (M) Guntur Dt.

# NON-DRAWAL CERTIFICATE

(Service Employees)


(As per instructions issued in C & DSE., A.P., Hyderabad Procs.  
Rc.No.8878/D3-4/2009, Dated: 02-09-2009)

This is to certify that, the Amount of Rs. 50,779/-  
(Rupees Fifty thousand Seven hundred and  
Seventy nine only) is being claimed  
now in this bill by Sri / Smt. T. Kondala Rao SA(PD)  
ZPAS, Brahmanapalli, piduguralla  
Mandal, palnadu District has not  
been paid previously towards Medical Reimbursemen in inrespect  
of Sri / Smt. T. Kumara Swamy, f/o. Sri T. Kondala  
Rao SA(PD) (Self / Dependent), Age 66 Yrs.  
Who has undergone the Treatment for the disease Recurrent  
CVA With Left Hemiplegia HTN+

during the period from 10/01/2022 to 12/07/2022 in the  
Recognized Hospital By the Andhra Pradesh State Governement  
i.e., at Amaravathi Institute of Medical Sciences  
Pvt. Ltd. Guntur (Hospital) as per the records  
available regarding the Medical Reimbursement defined under the  
Government Medical Attendance Rules, 1972.

A Note to the effect has been made in the records of the School.

Signature of the Govt. Servant.

  
HEAD MASTER  
Z.P. HIGH SCHOOL  
Signature of the DDO,  
Piduguralla (M) Guntur Dt.