

FROM
MANDAL EDUCATION OFFICER,
MANDAL PARISHAD,
PIDUGURALLA

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. SP/1/MRCPDR/MP/2022 Dated: 13/04/2022

Sir,

SUB: Education-Ele., Education - M.P., Piduguralla
Sri/Smt Ch. Ramesh Babu, SGT, MPP School 19th ward
Piduguralla - 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. 2505/Pi/2021 Dated: 15.07.2021 of the DME., A.P.TELANGANA
3) G.O.Ms.No. 105 H.M&F.W.(K1) Deptt. Dated:09-4-2007. HYD.
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 Ch. Ramesh Babu, SGT
M.P.P. School, 19th ward, Piduguralla, Piduguralla Mandal, Palnadu
District regarding Medical Reimbursement of expenses incurred by the Self / ~~dependent~~ in respect of
Ch. Ramesh Babu, SGT
who has been suffering from CAD (Coronary artery disease, TUD, EF-40%
CABG on 16.11.21, AWTI, DM
and necessary investigations, Operation and treatment in the Kamineni
Hospitals, LB Nagar, Hyderabad Which is declared as
referral hospital as per reference 2nd cited above during the period From 11.11.2021 TO 20.11.2021

In pursuance of the incumbent's genuine application for the reimbursement of Medical
expenses for the said treatment and investigation for Rs. 3,64,600/- (Three Lakhs
Sixty four thousand and Six hundred 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,

BMSamma 13/4/2022
MANDAL EDUCATIONAL OFFICER
MANDAL PARISHAD
PIDUGURALLA MANDAL, GUNTUR

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

CHECK SLIPS FOR SENDING MEDICAL REIMBURSEMENT PROPOSALS

1. Name and address of the employee & Employee Code : Ch. Ramesh Babu, SGT, MPP School, 19th ward, Piduguralla, Palnadu (Dist) ID: 0636104
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. : _____
4. Name and address of the Hospital
 - a) Whether it is private Hospital (or) Recognized Hospital : Kamineni Hospitals, L.B.nagar, Hyderabad.
 - b) Whether referral letter produced (or) (Recognized orders to be enclosed along With the proposals) : Govt. Recognised Hospital
: 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 /
 2. Non Drawal Certificate in Prescribed proforma : YES /
 3. In case Retired complete set of PPO Copy duly attested by the forwarding authority. : / NO
 4. Emergency Certificate : YES /
 5. Essentiality certificate : YES /
 6. Discharge Summary : YES /
 7. In case Dependant, Dependant Certificate : / SELF
7. If the patient is dependent on the Govt.Employee in case of dependants above the age of 18 years Un-Employee Certificate and Maritial Status of Dependent are to be enclosed with Medical Reimbursement Proposal: Self
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 Ch. Ramesh Babu, SGT, MPP School (19th ward) Piduguralla hereby declare that My Wife/Father/Mother/Son/Daughter Self has no property or income of his/her own and that he/she is wholly dependent on me as per APIMA Rules 1972.

Ch Ramesh Babu
Signature of the Government Servant.

Bansamma 13/4/2022
MANDAL EDUCATIONAL OFFICER
MANDAL PARISHAD
Signature of the Forwarding Authority.
PIDUGURALLA MANDAL, GUNTUR Dt.

Mandal Educational Officer,

MRC

Pidugavalla

Sir,

Sub: Request to Sanction the Medical Reimbursement in respect of

Sri / Smt. Ch. Ramesh Babu, SGT, M. P. P. School,
(19th ward) Pidugavalla, Pidugavalla Mandal
Palnadu District - Proposals submitted - Reg.

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

2) G.O.Ms.No.105 M&H Deptt. 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. 3,64,600/- (Rupees Three Lakhs Sixty-four thousand Six hundred rupees Only), as I / My dependant have undergone Treatment for the disease CAD (Coronary Artery Disease) AWMI, TUD, EF-40% MD, CABG on 16.11.21

in the Recognised Hospital by the Andhra Pradesh State Government i.e., at Kamineni Hospital & Ltd. LB Nagar, Hyderabad, during the period from 11.11.2021 to 20.11.2021 and onward transmit to the higher authorities for future necessary action in the matter at an early date.

Thanking your sir,

Yours faithfully,

Ch. Ramesh Babu

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

PanSama
MANDAL EDUCATIONAL OFFICE
MANDAL PARISHAD
CH. KRISHA MANDAL (G.M.P. 11)

AVAILMENT CERTIFICATE

Medical Reimbursement of Sri / Smt. Ch. Ramesh Babu

SGT, MPP School (19th ward) Piduguchalla Town & Mandal

Palnadu District is I st Spell of claim.

~~His / Her dependent~~ He/She was under gone treatment for

CAD (Coronary Artery Disease), AAMI, TUD,

EF 40%, DM, CABG on 16-11-21

at Kamineni Hospitals Ltd, L.B. Nagar

Hyderabad

during the period from 11/11/2021 to 20/11/2021

Ch. Ramesh Babu
Signature of the Employee.

P.M. Sarma
MANDAL EDUCATIONAL OFFICER
MANDAL PARISHAD
PIDUGUCHALLA MANDAL, GUNTUR DI
Signature of the D.D.O.

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) : CHADALAWADA RAMESH BABU
SGT
 2. Office in which employed : M. P. P. School (19th ward) Piduguralla
Piduguralla Mandal Palnadu (Dist)
 3. Pay of the Govt. Servant as defined in F.Rs. : PAY Rs. 60266 /- D.A / D.R Rs. 12064 /-
And other emoluments which should be : H.R.A Rs. 7231 /- P.P. RS. - /-
Shown separately : I.R. Rs. - /- GROSS RS. 79555 /-
 4. Place of duty : M.P.P. School (19th ward) Piduguralla
Piduguralla (Mandal) Palnadu (Dist)
 5. Full residential address with D.No. and Name of the Mohalla : H.No: 8-221, Chinchaladonka
Railway station Road
Piduguralla- 522 413
Palnadu Dist
 6. Name of the patient him/her relationship to : Self (Ch. Ramesh Babu)
The Govt. Servant (In case of children Stage age also)
 7. Place at which the patient fell ill : Kamineni Hospitals Ltd
LB Nagar, Hyderabad.
 8. Nature of illness and its duration : CAD (Coronary Artery disease)
TVD, AWM1, EF 40%. DM
CABG on 16.11.2021
- FROM 11.11.2021 TO 20.11.2021
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. 3,64,600 /-
 11. List of enclosures :

a) Essentiality Certificate	(<input checked="" type="checkbox"/> YES	b) Emergency certificate	(<input checked="" type="checkbox"/> YES)
b) Discharge summary	(<input checked="" type="checkbox"/> YES	d) Medical Bills	(<input checked="" type="checkbox"/> YES)

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.

Ch. Ramesh Babu
Signature of the Govt. Servant

Prasanna 13/11/2021
MANDAL EDUCATIONAL OFFICER
Signature of the Forwarding Authority.
MANDAL PARISHAD
PIDUGURALLA MANDAL, GUNTUR DISTRICT

MEDICAL REIMBURSEMENT FORM

EMPLOYEE DETAILS

Employee Type: State Govt (Local body)

Employee ID: 0636104

Name: Ch. Ramesh Babu

E-mail: Chadhalavadaramesh29@G.Mail.Com

Mobile No. 6305695997/8500851341

Employee Designation: SGT

ADDRESS DETAILS

Residential Address:

House No: 8-221

Street No.: Railway station Road State: (Palnadu) Andhra Pradesh

District : Palnadu

Village / City / Town: Piduguralla

Office Address:

House No: M.P.P. School

Street No.: 19th ward

State: Andhra Pradesh

District : Palnadu

Village / City / Town: Piduguralla

EMPLOYEE PAY DETAILS

Pay Source: State Govt

PRC: 2022

State: Andhra Pradesh

POSTING DETAILS

HOD Name: School Education

DDO Code: 06120308001

Dist. Palnadu

TREATMENT DETAILS

Treatment For: CAD (Coronary Artery Disease), AAMI, TUD, EF-40%, DM, CABG (16.11.21)

Patient Name: Ch. Ramesh Babu

Patient Gender: Male

Patient Date of Birth: 25/07/1978

Age: 43 Years Relation with Employee: Self

Hospital Name: Kamineni Hospitals LTD, LB Nagar, Hyderabad

Hospital State: Telangana

Hospital District: Ranga Reddy

Date of Admission: 11/11/2021 Date of Discharge: 20.11.2021 Total Amount Claimed: 3,64,600/-

Is Hypertensive Yes

Is diabetic Yes

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.

P.H.Saame
MANDAL EDUCATIONAL OFFICER
Signature of the DDO
MANDAL PARISHAD
PIDUGURALLA MANDAL, GUNTUR DI

Ch. Ramesh Babu
Signature of Employee / Pensioner.

FROM

TO

MANDAL EDUCATIONAL OFFICER,
M.P. PIDUGURALLA
PALNADU DISTRICT

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. SP11/MRCPORL/MR/2022 Dated: 13/04/2022

Sir / Madam,

SUB: Submission of Medical Reimbursement Bills of Sri / smt. Ch. Ramesh Babu, SGT
MPP School 19th ward, Piduguralla, Piduguralla (M) Palnadu Dist.

Request for Scrutiny and Sanctioning of Admissible Amount Rs. _____ /- - 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) :

Ch. Ramesh Babu

Name of the Employee / Pensioner :

Ch. Ramesh Babu, SGT, MPP School
19th Ward, Piduguralla, Palnadu (Dist)

Relation with beneficiary :

Self

Claim Submitted by :

Relation with Employee / Pensioner

Self

NAME

Ch. Ramesh Babu

Name of the Hospital

Kamineni Hospitals Ltd.
L.B. Nagar, Hyderabad.

Whether the Approved by DME or Not

: Yes / ~~No~~

Date of Admission

: DD / MM / YY 11 / 11 / 2021

Date of Discharge

: DD / MM / YY 20 / 11 / 2021

Amount Claimed

: Rs. 3,64,600 /-

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 Summary (In case of death of the Beneficiary during treatment)
- * Copy of DME Approved Proceedings (In case of Approval Hospital)
- * Pension Payment Order in case of Pensioners
- * Any other relevant documents.

Station:

Date:

Bmsaung 13/4/2022
MANDAL EDUCATIONAL OFFICER
MANDAL PARSIPAD
PIDUGURALLA MANDAL, GUNTUR DIST.

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 24 No. Of documents.
4. All the Original Medical Bills kept in ICS Custody.

8790 230668

D.D.O. Phone No.

Bhaskara 13/11/2022
DDO Signature
MANDAL SIGNATURE OFFICE
MANDAL PARISHAD
PUGURALLA MANDAL GUNTUR

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. 3,64,600/-
(Rupees Three Lakhs Sixty four thousand and Six
hundred Rupees only) is being claimed
now in this bill by Sri / Smt. Ch. Ramesh Babu, SGT,
M.P.P. School, 19th Ward, Piduguralla
Piduguralla Mandal, Palnadu District has not
been paid previously towards Medical Reimbursemen in inrespect
of Sri / Smt. Ch. Ramesh Babu, SGT, MPP School (19th ward)
Piduguralla, Palnadu (Dist) (Self / ~~Dependent~~), Age 43 Yrs.
Who has undergone the Treatment for the disease CAD (Coronary
Artery Disease), AAMI, TVD, EF 40%, DM
CABG on 16.11.21
during the period from 11/11/2021 to 20/11/2021 in the
Recognized Hospital By the Andhra Pradesh State Governement
i.e., at Kamineni Hospital & LTD, L.B. Nagar,
Hyderabad (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.

Ch. Ramesh Babu
Signature of the Govt. Servant.

B. S. Sainu
MANDAL EDUCATIONAL OFFICER
MANDAL PARISHAD
Signature of the DDO
PIDUGURALLA MANDAL, GUNTUR Dt