

FROM

TO

MANDAL EDUCATION OFFICER,
MANDAL PARISHAD,

The Commissioner of School Education.,
Ibrahimpatnam, VIJAYAWADA.,
A.P., AMARAVATHI.

Rc.No. _____, Dated: _____.

Sir,

SUB: Education- Pri. Education-MP _____ Dist.

SRI /SMT. _____

Submission of Medical Reimbursement Proposals – Request - Reg.

REF: 1) G.O.Ms.No.74 M.H.&F.W.Deptt. Dated.15-03-2005.

2) Rc.No. _____, DT: _____ of the DME., A.P.

3) G.O.Ms.No. 397 H.M&F.W.(K1) Deptt. Dated: 23-10-2008.

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 with PPO No. _____

-X-X-X-X-

I do here by submit that the proposals received from SRI / SMT. _____

_____ MANDAL of _____

District regarding Medical Reimbursement of expenses incurred by the self / dependent in respect of Sri / Smt.

_____ who has been

suffering from “ _____

_____” and got necessary investigations 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. Emergency &Essentiality certificate

3. Discharge summary

4. Referral Hospital G.O.

5. Non-Drawal Certificate

6.Original Bills & Abstract

7. Attested Pension Payment Order Copy

8. Other Connected Papers