

To

The Commissioner of School Education.,  
Ibrahimpattanam, VIJAYAWADA.,

A.P., AMARAVATHI.

**(THROUGH PROPER CHANNEL)**

Sir,

Sub: Request to Sanction the Medical Reimbursement in respect of Sri / Smt.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Dist.– Proposals submitted – Req.-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–

I am Family Pensioner and My Husband / Wife in respect of Sri / Smt.

\_\_\_\_\_  
\_\_\_\_\_  
was Died on \_\_\_\_\_. With reference to the subject cited, I submit herewith  
the Medical Bills with all the enclosures for Medical Reimbursement for an amount of  
Rs. \_\_\_\_\_/- (Rupees \_\_\_\_\_  
\_\_\_\_\_ Only), as I / My Husband  
/ Wife have undergone Treatment for the disease \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
in the Recognized Hospital by the Andhra Pradesh State Government/ Telangana State  
i.e., at \_\_\_\_\_  
\_\_\_\_\_ during the period from \_\_\_\_\_  
to \_\_\_\_\_ 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