By Regd.Post

From:

To
The Commissioner &
Director of School Education, A.P.
O/o Director of School Education,
Near: Telephone Bhavan,
Saifabad.
Hyderabad.

L. Dis No._____/20 Dated: _____

Respected Sir/Madam /,

Sub: Medical Attendance-Submission of Medical Reimbursement Proposals of Smt. /Sri._____ _____ Assistant /pensioner /FP of _____ School, Regarding.

Ref: 1) GO Ms. No 105 M&H Dt. 09-04-2007
2) GO Ms.No 40 Edn Dt 07-05-2002
3) Proposals Received from the Concerned Teacher.

The Proposals for Medical Reimbursement Received from the Incumbent are here with submitted as detailed below for taking further necessary action in this regard.

1. Name of the Teacher & Post and Employee Code :-==========

2. Name of School and Mandal :----------

3. Name of the Patient and his relation ship with Teacher :----------

4. Name of Disease for which Treatment/Surgery Executed :----------

5. Period of Treatment :----------

6) Name of the Hospital & RC No with which Referral status Sanctioned :----------

7. Total Amount Claimed :----------

8. List of Enclosures submitted in 1+2 Copies
a) Appendix –II ( ) b)checklist( ) c)Non drawal certificate ( )
d)Emergency certificate( ) e)Essentiality certificate( ) f)Dependence certificate ( )
g)Discharge summary( ) h) Medical bills( ) i)Operation notes ( )
j)pension order( ) k)referral proceedings( ) l)Reports ( ) k)Others ----------

9. Remarks:

Certified that the Proposals are submitted as per rules and procedure as existing rules amended from time to time.

Solicit favourable further orders in this regard.

Thanking you

Yours obiediently

Enclosures:all the above in coloumn8

PRTU