

**By Regd.Post**

**From:**

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**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

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**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 obediently**

**Enclosures:all the above in coloumn8**

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**PRTU**