


MEDICAL REIMBURSEMENT PROPOSALS		Prepared
State	Telangana	DD
EMPLOYEE DETAILS		DDO designation
Employee Name	Sr M.Arun Kumar	DDO Office
Designation	SA (Maths)	Place
Employee ID	1999999	DDO Letter No. & Date
School / Office Name	ZPHS Alagadapa	EM
District	Nalgonda	Checklist
Mandal	Miryalaguda	Appendix-II
Scale of Pay	28940-78910	Non Drawn Certificate
Residential Address	H.No.19-999	Dependant Certificate
	Reddy Colony	Hospital Recognition GO
	Miryalaguda, dist. Nalgonda	Emergency Certificate
Employee Mobile Number	9999 999 999	Essentiality Certificate
PATIENT & HOSPITAL DETAILS		Discharge Summary
In Patient Name	Sr M. Pragathi	Original Medical Bills
Relation with the Employee	wife	
DISEASE	PROXIMAL TIBIA (Shatzaker type-1)	
Medical Bill Amount Rs.	60,000	
Admitted in the hospital on	10/07/2020	
Discharged from the hospital	25/07/2020	
Spell	First	
Hospital Type	Recognized	
Hospital Name	Sri Sai Shirisha Hospital	

Hospital Address

Church Road, Miryalaguda



BAKKĀ SRĪNIVĀSA CHĀRY

O DETAILS

Gazetted Head Master

ZPHS Alagadapa

Alagdapa

123/ZPHSA/2020

08/08/2020

NCLOSERS

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes



TSUTF

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9912 971 972

tsutf1@gmail.com

bschary1@gmail.com

To

Date. 13.11.2020

The Gazetted Head Master
ZPHS Alagadapa
Mandal Miryalaguda
Disrtict Nalgonda

Sir,

Sub:- Claiming Medical Expenses and Submission of In Patient Medical Reimbursement proposals for treatment undergone by my wife - req.. - regarding.

Ref:- 1) G.O.Ms.No.74, Dated:15-03-2005.
2) G.O.Ms.No.68 H,M&FW(K1) Dept, Dated:28-03-2011.
3) G.O.Ms.No.40, Dated:07-05-2002.



As per the above subject, I, M.Arun Kumar, SA (Maths), ZPHS Alagadapa, Mandal Miryalaguda, Dist. Nalgonda Claiming Medical Expenses of Rs.60000/- (Rupees Sixty Thousand) for the treatment undergone by my wife Smt. M. Pragathi during the period from 10/07/2020 to 25/07/2020 for PROXIMAL TIBIA (Shatzaker type-1) at Sri Sai Shirisha Hospital, Church Road, Miryalaguda.

I hereby submit the original bills and necessary documents for claiming the reiumbursement of medical expenses mentioned above. Kindly forward the bills to The Director of School Education, Hyderabad, Telangana.

Thanking you.

Yours faithfully

Enclosures:-

Checklist

Appendix-II

Non Drawn Certificate

Dependant Certificate

Hospital Recognition GO

Emergency Certificate

Essentiality Certificate

Discharge Summary

Original Medical Bills

(M.Arun Kumar)

SA (Maths)

ZPHS Alagadapa

Mandal Miryalaguda

OFFICE OF THE GAZETTED HEAD MASTER :: ZPHS ALAGADAPA

Mandal : MIRYALAGUDA, District : NALGONDA

From

The Gazetted Head Master

ZPHS Alagadapa

Mandal Miryalaguda

Distrtict Nalgonda

To

The Director of School Education

Hyderabad

Telangana

Letter No. 123/ZPHSA/2020

Date. 08/08/2020

Sir,

Sub:- Medical Attendance - In Patient Medical Reimbursement Proposal - in respect of Smt. M. Pragathi wife of Sri. M.Arun Kumar, SA (Maths), ZPHS Alagadapa, Mandal Miryalaguda, Dist. Nalgonda - Submission for sanction -req. regarding.

Ref:- 1) G.O.Ms.No.74, Dated:15-03-2005
2) G.O.Ms.No.68 H,M&FW(K1) Dept, Dated:28-03-2011
3) G.O.Ms.No.40, Dated:07-05-2002
4) Application of the individual



With reference to the subject cited above, I here by submitting the In Patient Medical Reimbursement proposals submitted by Sri. M.Arun Kumar, SA (Maths), ZPHS Alagadapa, Mandal Miryalaguda, Dist. Nalgonda, Claiming Medical Expenses of Rs.60000/- (Rupees Sixty Thousand) treatment undergone by his wife Smt. M. Pragathi for PROXIMAL TIBIA (Shatzaker type-1) at Sri Sai Shirisha Hospital, Church Road, Miryalaguda during the period from 10/07/2020 to 25/07/2020.

I hereby submit the original bills and necessary documents for claiming the reimbursement of medical expenses mentioned above. Kindly take necessary action.

Thanking you....

Yours faithfully

Enclosures:-

Checklist

Appendix-II

Non Drawn Certificate

Dependant Certificate

Hospital Recognition GO

Emergency Certificate

Essentiality Certificate

Discharge Summary

Original Medical Bills

Gazetted Head Master

ZPHS Alagadapa

CHECK LIST FOR SUBMISSION OF MEDICAL REIMBURSEMENT PROPOSALS

1	Name & Address of the Employee	Sri. M.Arun Kumar, SA (Maths), ZPHS : Alagadapa, Mandal Miryalaguda, Dist. Nalgonda
a)	Employee ID: 1999999	
2	Adress for Communication	H.No.19-999, Reddy Colony, Miryalaguda, : dist. Nalgonda, Cell No. 9999 999 999
3	Name & Address of the Hospital	Sri Sai Shirisha Hospital, Church Road, : Miryalaguda
4	Whether it is Govt. or Recognized Hospital	: Recognized Hospital
a)	Hospital Recognized Ordrrers copy enclosed?	: Yes
5	Whether the Proposal has been sent within six months from the date of discharge	: Yes
6	Whether the Following copies are enclosed with the proposals	
a)	Appendix-II	: Yes
b)	Emergency certificate	: Yes
c)	Essentiality certificate	: Yes
d)	Discharge summary	: Yes
e)	Non Drawn certificate	: Yes
d)	Dependant certificate	: Yes
7	Whether the proposals processed through the DDO within the stipulated time	: Yes
8	Any other Remarks	:

Gazetted Head Master
ZPHS Alagadapa

APPENDIX – II

Application for claiming refund of Medical Expenses incurred by the Government Servant and their Families

- | | | |
|----|---|--|
| 1 | Name, Designation & Section | M.Arun Kumar, SA (Maths),
Edn. Dept., |
| 2 | Office in which employed | ZPHS Alagadapa |
| 3 | Pay of the Government Servant defined in FR and other emoluments which should be shown separately | 28940-78910 |
| 4 | Place of Duty | ZPHS Alagadapa |
| 5 | Full residential address with Door No. and Name of the Mohalla | H.No.19-999
Reddy Colony
Miryalaguda, dist. Nalgonda |
| 6 | Name of the patient and relation ship with Government Servant | M. Pragathi, wife |
| 7 | Place at which the patient fell ill | At Home |
| 8 | Nature of illness and its duration | PROXIMAL TIBIA (Shatzaker type-1)

from 10/07/2020 to 25/07/2020 |
| 9 | Details of Amount claimed cost of medicines purchased / list of cash memos and the essentiality certificate signed by treatment doctors | Essentiality certificate enclosed |
| 10 | Total Amount claimed. | Rs. 60000/- |
| 11 | List of Enclosures | Enclosed |

Declaration to be signed by the Government Servant

I here by declare that the statement in this application is true to the best of my knowledge and that the others from whom medical expenses were incurred is a member of my family as defined under the Government Medical Attendance Rules and wholly dependant upon me.

Signature of Government Servant
and Office to which attested

Gazetted Head Master
ZPHS Alagadapa

NON DRAWN CERTIFICATE

This is to certify that Sri. M.Arun Kumar, SA (Maths), ZPHS Alagadapa, Mandal Miryalaguda, Dist. Nalgonda has submitted medical reimbursement proposals for treatment undergone by his wife Smt. M. Pragathi at Sri Sai Shirisha Hospital, Church Road, Miryalaguda from 10/07/2020 to 25/07/2020 for Rs.60000/- (Rupees Sixty Thousand only) Neither drawn nor disbursed as per the office records.

Place: Alagadapa

Gazetted Head Master

Date: 08/08/2020

ZPHS Alagadapa

(M.Arun Kumar)

SA (Maths)

ZPHS Alagadapa

Mandal Miryalaguda

DEPENDANT CERTIFICATE

My wife Smt. M. Pragathi is not an employee/Pensioner. So she has no source of income and completely dependent on me. Hence, I incurred her Medical Expenses Rs. 60000/- (Rupees Sixty Thousand) for her treatment undergone at Sri Sai Shirisha Hospital, Church Road, Miryalaguda.

Place: Alagdapa

Date: 08/08/2020

(M.Arun Kumar)

SA (Maths)

ZPHS Alagadapa

Mandal Miryalaguda

"Attested"

Gazetted Head Master

ZPHS Alagadapa

AVAILMENT (SPELL) CERTIFICATE

This is to certify that Sri. M.Arun Kumar, SA (Maths), ZPHS Alagadapa, Mandal Miryalaguda, Dist. Nalgonda has submitted medical reimbursement proposals for treatment undergone by his wife Smt. M. Pragathi at Sri Sai Shirisha Hospital, Church Road, Miryalaguda from 10/07/2020 to 25/07/2020. As per the office records, he is availing this facility for the First time.

Place: Alagdapa

Gazetted Head Master

Date: 08/08/2020

ZPHS Alagadapa

OFFICE OF THE GAZETTED HEAD MASTER :: ZPHS ALAGADAPA

Mandal : MIRYALAGUDA, District : NALGONDA

From

The Gazetted Head Master

ZPHS Alagadapa

Mandal Miryalaguda

Disrtict Nalgonda

To

The Medical Officer

Sri Sai Shirisha Hospital

Church Road, Miryalaguda

Letter No.

Date.

Sir,

Sub:- Medical Attendance – Issue of Genuinety Certificate for the treatment undergone in your hospital. Req. regarding.

Ref:- Original medical bills of your hospital issued by your hospital.



It is informed you that Sri. M.Arun Kumar, SA (Maths), ZPHS Alagadapa, Mandal Miryalaguda, Dist. Nalgonda, has submitted the Original medical bills issued by your hospital, requesting for the sanction of medical reimbursement for Rs. 60000/- (Rupees Sixty Thousand) for the treatment undergone by his wife Smt. M. Pragathi for PROXIMAL TIBIA (Shatzaker type-1) in your hospital from 10/07/2020 'to 25/07/2020.

In this regard, Genuinety Certificate is required for submission of the proposals to DEO, Nalgonda, who is the sanctioning authority.

Therefore I request you to kindly issue Genuinety Certificate.

Gazetted Head Master
ZPHS Alagadapa