

CHECK SLIPS FOR SENDING MEDICAL REIMBURSEMENT PROPOSALS

1.	Name and Official Address of the teacher	:	
2	If Retired a) Date/Year of Retirement b) Designation c) P.P.No.	:	
3.	Communication of Applicant, Address for all purpose with Phone No.	:	
4.	Name & Address of the Hospital & Dates of Treatment a) Whether it is Private Hospital (or) Recognized Hospital b) Whether referral letter produced (or) Recognized orders to be enclosed alongwith proposal.	:	YES / NO YES / NO
5.	Whether the Medical Reimbursement Proposal is received in the Head Office within a period of Six Months from the date of discharge.	:	
6.	Whether the following are enclosed or not	:	
1)	Appendix-II duly attested by the forwarding authority.	:	YES / NO
2)	Non-Drawal Certificate in Prescribed Proforma	:	YES / NO
3)	In case Retired complete set of Pension Payment Order copy duly attested by the forwarding authority	:	YES / NO
4)	Emergency Certificate	:	YES / NO
5)	Essentiality Certificate	:	YES / NO
6)	Discharge Summary	:	YES / NO
7)	In case Dependent: Dependent Certificate	:	YES / NO
7.	If the patient is dependent on the Govt Employee in case of dependents above the age of 18 years Un-Employee Certificate and Marital Status of dependent are to be enclosed with Medical Reimbursement Proposal	:	YES / NO
8.	In case of the dependent of deceased Govt. Employee / Retired Employee whether Death & Legal Heir certificate enclosed or not	:	YES / NO
9.	Whether the Medical Reimbursement Proposal is prepared & submitted with reference to G.O.Ms.No. 74 HM & FW (K1) Dept, dt: 15.03.2005 & G.O.Ms.No. 60 HM & FW (K1) Dept, dt: 15.10.2003, & G.O.Ms.No. 105 HM & FW (K1) Dept, dt: 09.04.2007, G.O.Ms.No. 180 HM & FW (K1) Dept, dt: 11.05.2006.	:	YES / NO
10	Whether the Medical Reimbursement claim in processed through the drawing officer and received within the stipulated time.	:	YES / NO
11	And whether the availment of No. of installments recorded (or) not	:	YES / NO
12	Whether an entry is made in the service Register (or) not for previous claim and drawal.	:	YES / NO

I _____ (Full Name & Designation) here be declare that my Father/Mother/Son/Daughter _____ has no property or income of his/her own and that he/she is wholly dependent on me as per APIMA Rules 1972.

Signature of the Government Servant

Signature of Forwarding Authority