

APPENDIX-II

APPLICATION FOR CLAIMING REFUND OF MEDICAL EXPENSES INCURRED IN CONNECTION WITH MEDICAL ATTENDANCE & OR TREATMENT OF GOVERNMENT SERVANT

1.	Name & Designation of the Government Servant/Retired (in block letters)	:	
2.	Office in which employed	:	
3.	Pay of the Government Servant as defined in FRs and other emoluments which should be shown separately	:	
4.	Place of Duty	:	
5.	Full Residential Address with Door.No. & Name of the Mohalla	:	
6.	Name of the Patient & his/her Relationship to the Government Servant. In case of children state age also	:	
7.	Place at which the patient fell ill	:	
8.	Nature of illness and its duration	:	
9.	Details of amount claimed cost of Medicines purchased from the Market/List of medicines, cash Memos and the Essentiality Certificate should be attached Each in Duplicate Signed by Treatment Doctor	:	
10.	Total amount Claimed	:	
11.	List of enclosures	:	

DECLARATION BY THE GOVERNMENT SERVANT

I Hereby Declare That The Contents In This Application Are True To The Best of my knowledge and belief and that the medical expenses are incurred for self as defined under the Andhra Pradesh Government Medical Attendance Rules 1972 and wholly dependent upon me

**SIGNATURE OF THE
GOVERNMENT SERVANT**

**SIGNATURE OF THE
FORWARDING AUTHORITY AND STAMP**