

Date:

Place:

To :

The, HM/ MEO

Mandal,  
District.

Sir,

**Sub:** Request to sanction the Medical Reimbursement in respect of SRI. \_\_\_\_\_, SGT/SA ( \_\_\_\_\_ ), \_\_\_\_\_, \_\_\_\_\_  
Mandal, \_\_\_\_\_ District - Proposals submitted - Reg.

- Ref:** 1. G.O. Ms.No. 74, M&H Dept., dated: 15-03-2005.  
2. G.O. Ms.No. 105, M&H Dept., dated: 09-04-2007.  
3. Medical Bills issued by the Doctor concerned.

**-o0o-**

With reference to the subject cited, I submit here with the Medical Bills with all the enclosures for Medical Reimbursement for an amount of Rs. \_\_\_\_\_=00 (Rupees (Rupees \_\_\_\_\_ only), as I have undergone Treatment for the disease \_\_\_\_\_ in the Recognised Hospital by the Andhra Pradesh State Government i.e., at \_\_\_\_\_ during the period from \_\_\_\_\_ to \_\_\_\_\_ and onward transmit to the higher authorities for further necessary action in the matter at an early date.

Thanking you sir,

Yours Faithfully

Signature of the employee

**Encl:-**

- Essentiality Certificate
- Emergency Certificate
- Discharge summary
- I.P Finalbill
- Medical Bills
- Appendix -II
- Check List
- Non Drawl Certificate
- Dependent certificate
- PPO copy(if pensioner)
- Death certificate and family member certificate (if employee death)