

Proceedings of -----

Present : -----

L.Dis No. : _____ M R/202

Dt -----

Sub. : Medical Attendance – Medical Reimbursement in respect Of-----
-----,
----- District – Sanction orders – issued – Reg.

- Ref :**
1. Lr.Rc No-----Of This Office
 2. Lr.Roc No.-----of CEO,Dr YSRHCT
 3. G.O.Ms.No.180 Edn dt.18-11-2022
 4. CSE Procs Rc.No.ESE 02-24021/11/2021 – MD CL-CSE, dt.11-12-2022.
 5. G.O.Ms.No.74, HMFWD, Dt.15-03-2005
 6. G.O.Ms.No.180 HMFWD, Dt.15-11-2006
 7. G.O.Ms.No.105, HMFWD, Dt.09-04-2007
 8. G.O.Ms.No.397 HMFWD, Dt.14-11-2008
 9. G.O.Ms.No.68, HMFWD Dt.28.03.2011

In terms of rules 4&5 of G.O. 3rd above and also CSE Proceedings 4th cited, Head Masters of High Schools and Mandal Education Officers are empowered by delegation of powers to draw the Medical Advance / Reimbursement amounts after scrutiny of Dr. YSRAHCT,APSri/Smt/Kum.-----

----- submitted the M.R. Proposals through -----
-----in online mode vide the reference 1st of above, and after scrutiny of the Medical Bills, The chief Executive Officer, Dr.YSRAHCT, A.P. has sent the report vide reference 2nd above duly sanctioning the admissible amount Rs----- in terms of APIMA Rules 1982 in vogue for his/her----- /self ----- Treatment for -----
-----during the period from -----at -----

-----which isa Govt. recognized Hospital . On the strength of above said orders as well as reports & circumstances, The under signed is pleased to accord sanction and to draw the amount Rs.-----
----- (Rupees ----- only) as Medical Reimbursement towards the actual expenses incurred By-----
-----, so as to disburse the amount to the individual/legal heir duly debiting the expenditure from the relevant HOA.

It is certified that the original medical bills along with connected certificates are kept in this office duly marking as 'PAID & CANCELLED'.

In this context the individual is also informed that in future if any fraudulence noticed in regard to this claim. The same shall be recovered in lump-sum without assigning any reason or cause besides subjecting to disciplinary action as per CCA Rules in force.

To :

1. Sri -----
2. PAO/ATO/STO
along with scanned original medical bills.

HEAD OF OFFICE

