

**Application for Reimbursement of Cost of Accessories to
Physically Challenged Staff Members
Scheme No.5**

From
Mr/Mrs: _____ Code: _____
Desig : _____
Branch : _____
Zone : _____

Through Proper Channel

To
The General Manager (P),
Andhra Bank,
Head Office,
Hyderabad.

Dear Sir,

Reg: Reimbursement of Cost of Accessories.

* * *

I wish to submit that I am a Physically challenged staff member working in the Bank since _____.

1. I am in receipt of Conveyance Allowance of Rs. _____ as per Govt. Guidelines.
2. My disabilities certified by the competent doctor is already submitted to the Bank _____/ certified copy of relative certificate is enclosed.

It is required to purchase _____ necessary for my daily routine and the same is purchased from M/s _____.
Original Invoice/Receipt is submitted herewith.

I have not availed the facility during last two years.

I request you to kindly reimburse the amount as per my eligibility.

(Signature)
(Name)

Branch / Office Recommendation:

I have verified the Relative Medical Certificate in original and recommend for sanction of reimbursement as per rules under Staff Welfare Schemes.

Branch Manager / Chief Manager / Chief Officer.

For Use at Head Office

Accessories purchased are necessary to the Staff Member / Not necessary

PANEL DOCTOR (HO)

We may sanction / decline reimbursement of Rs. _____ towards cost of accessory purchased by the staff member as per his eligibility under Staff Welfare Scheme.

D.O

Sanctioned / Declined as Recommended

AGM (P), // DGM (P) // GM (PER)

BA-I No.
Favour of
Drawn on

Dated _____ for Rs. _____ in

Branch sent on _____