

**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)

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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

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Sanctioned / Declined as Recommended

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

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BA-I No.  
Favour of  
Drawn on

Dated \_\_\_\_\_ for Rs. \_\_\_\_\_ in

Branch sent on \_\_\_\_\_