

**SCHEME NO. 11 – APPLICATION FOR REIMBURSEMENT OF
COST OF ACCESSORIES TO THE CHILDREN OF EMPLOYEES
WHO ARE PHYSICALLY CHALLENGED**

THROUGH PROPER CHANNEL

From:

Mr./Mrs Code No.
Designation.....
Branch
Zone

To

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

Dear Sir,

Sub: Reimbursement of cost of accessories to my child -----
who is Physically Challenged.

Ref: Our Cir.No.374/20/84, Dt.01.12.2003.

* * *

I wish to submit that my daughter / son -----, aged ----- years is a Physically challenged person since ----- Doctor advised her / him to purchase ----- . It is required to purchase -----which is necessary for her / his daily routine and the accessory of ----- is purchased from M/s.-----.

I enclose herewith Original Invoice / Receipt received from M/s. ----- and a certificate given by the Board of Doctors constituted at the District Head quarters for this purpose duly specifying the nature and degree of disability.

I have availed the facility on ----- / I have not availed the facility so far.

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 of accessories purchased to the daughter / don of Mrs./Mr.----- as per rules under Staff Welfare Schemes.

Branch Manager / Chief Manager.

Zonal Office Recommendations :

We recommend for sanction of reimbursement of expenses to Mr./Mrs. ----- towards the cost of ----- purchased for her / his child.

Zonal Manager
Office Seal

FOR USE AT HEAD OFFICE

We may sanction / decline reimbursement of Rs. towards cost of accessory purchased by the Staff member to his / her child as per his / her eligibility under Staff Welfare Scheme No.11.

