

**APPLICATION FOR CLAIMING REIMBURSEMENT OF
HOSPITALISATION EXPENSES BY THE RETIRED EMPLOYEES
UNDER WELFARE SCHEME NO.7**

From
Mr/Mrs _____
Code No: _____
Address: _____

To
The General Manager,
Personnel Department (IR),
Andhra Bank,
Head Office,
Hyderabad.

Through Branch Manager _____ Branch

Dear Sir,

Reg: Application for reimbursement of Hospitalisation Expenses.

* * *

I _____ S/o, W/o _____ Code
No. _____ previously worked as _____ (designation)
retired on _____ after attaining age for superannuation, am
drawing my Pension from _____ Branch.

I am not a Pension Optee and I wish to avail this facility from _____
Branch. I wish to submit that I was hospitalised for treatment of _____
_____ (disease) from _____ to _____ in _____
_____ Hospital _____ (Town/City) and
incurred following expenses.

Consultation Fee _____
Clinical Tests _____
Surgeons Fee _____
Room Charges _____
Medicines _____
Other Charges _____
Total: _____

Contd.....2

I hereby declare that I am gainfully employed any where and do not come under the category of wholly dependents of my son/daughter_____ who is working as _____ (designation) with _____ (Dept/Organisation). I further declare that I am not getting medical aid or reimbursement of hospitalisation expenses from any other source.

I request you to sanction reimbursement of hospitalisation expenses to the extent of my eligibility under Andhra Bank staff Welfare Schemes for retired employees.

Original Bills/Receipts and copies of reports including discharge certificate of the hospital are enclosed herewith.

I undertake to repay the amount sanctioned to me, if the claim found to be false at any stage.

Yours faithfully,

(_____)
Name _____

Recommendations of Branch Manager

a) I hereby certify that the applicant is a retired employee of our Bank. He is drawing his monthly pension from our Branch and his Pension A/c No.is _____

b) He is not a pensioner but having SB A/c No. _____ with us. Application is forwarded for consideration and sanction as per rules

Branch : Signature: _____

Zone : (Name _____)

Date :
Branch Seal