

APPLICATION FOR MEDICAL REIMBURSEMENT  
UNDER TN PENSIONERS' HEALTH FUND SCHEME

From

To

**THE DIRECTOR OF PENSION,**  
II<sup>nd</sup> Floor, III Block,  
DMS Office Complex,  
Teynampet, Chennai – 600 006.

Through

The Treasury Officer / Sub – Treasury Officer,  
The Pension Pay Officer, Chennai.

Sir,

Sub: Medical Aid – Special Surgery / Eye Surgery / Treatment –  
Assistance to the pensioners under the Tamil Nadu Government  
Pensioner's Health Fund Scheme – Assistance – Regarding.

Ref: 1. G.O.Ms.No. 56 Finance dt. 11.07.1996.  
2. G.O.Ms.No.818 Fin (Salaries) dt.20.10.1995.  
3. G.O.Ms.No. 379 Fin (Pension) dt. 16.01.1997.  
4. G.O.Ms.No. 207 Fin (Pension) dt.22.04.1997.

I am a pensioner drawing pension from the Sub / District Treasury at  
..... pension pay officer and  
PPO No. is

My SB Account No. is ..... of the  
Bank at .....

I have under – gone Special Surgery / Eye Operation (left / right eye)  
on ..... in the ..... Hospital.

This Hospital is an accredited institution by the Government of Tamil  
Nadu. I have incurred and expenditure of Rs. .... (Rupees  
..... only) as  
detailed below for the above operation.

Details : Amount

Total

The original bills are enclosed :

Date of admission in the hospital :

Date of operation :

Date of discharge :

I certify that monthly subscription is being deducted from my pension regularly towards the Tamil Nadu Pensioners Health Fund Scheme.

I request that financial assistance under the Tamil Nadu Government Pensioners Health Fund Scheme may kindly be sanctioned and the amount sent to me by way of D.D. or cheque payable at .....

An advance stamped receipt is enclosed.

Yours faithfully,

**Encl:**

1. Original Medical Bills
2. An advance blank stamped receipt

**ADVANCE STAMP RECEIPT**

**TAMIL NADU GOVERNMENT PENSIONER'S HEALTH FUND SCHEME**

Received from the Director of Pension, Chennai – 600 006 a Cheque  
Bearing No ..... dated ..... for  
Rs. .... (Rupees .....  
..... only) drawn on I.O.B. Teynampet,  
Chennai – 600 006 being the Medical Reimbursement amount payable to me.

**CERTIFICATE REGARDING PREVIOUS CLAIM IF ANY**

I have not claimed any claims previously.





1	PPO NO			
2	PENSIONER'S NAME			
3	DATE OF RETIREMENT/DEATH			
4	CATEGORY OF PENSIONER	CIVIL / CIVIL FAMILY / TEACHER / OTHER / AIS(T.N.CADRE)		
5	TREATMENT FOR	SELF / HUSBAND / WIFE		
6	NAME TO WHOM TREATMENT MADE			
7	ADDRESS			
8	POST HELD AT THE TIME OF RETIREMENT			
9	OFFICE SERVED			
10	NO OF CLAIMS	FIRST / SECOND / THIRD / FOURTH / .....		
11	PERIOD OF TREATMENT-1	FROM		TO
	PERIOD OF TREATMENT-2	FROM		TO
12	TREATMENT/SURGERY			
13	HOSPITAL-1			
14	HOSPITAL-2			
15	GROSS AMOUNT CLAIMED IN THIS APPLICATION	RS-.....		

Office use

K.DIS NO.....

DATE.....

# PENSIONERS BANK DETAILS

1.Name of the Pensioner:				
2. Address with Mobile or Landline No:				
3.Pensioner's PPO No.				
4.Name of the Bank and Branch				
5.Pensioners Bank Account No.				
6. Type of account	S.B. A/c		Current A/c.	
7. Bank Code	M.I.C.R. No.			
8.Bank Branch Code				
9.Core Banking system	YES		NO	
10.NEFT Code				
11.Bank Phone No. with STD Code				
12. Amount claimed				
13. Name of the District Treasury / Sub Treasury				

I am willing to get the assistance under the Health Fund Scheme through ECS under above said bank account.

PENSIONER / FAMILY PENSIONER  
SIGNATURE

Attested  
PENSION DISBURSING OFFICER  
With office seal  
Place :  
Date:

For use in Directorate of Pension

Amount sanctioned Rs. ....

Signature of

Acct/ Supdt/ Officer

ECS Date

Acct/ Supdt.