



PROCEEDINGS OF THE SECRETARY - TREASURER, NATIONAL FOUNDATION FOR TEACHERS' WELFARE & COMMISSIONER AND DIRECTOR OF SCHOOL EDUCATION, ANDHRA PRADESH, HYDERABAD

Procs.Rc.No.15/TWF/93

Dated: 1-10-2002

Sub: National Foundation for Teachers' Welfare-Andhra Pradesh Sanction of Financial Assistance - Regarding.

Read: This office Procs Rc.No. 15/TWF/93, dt. 18-10-1993

A P U S

The attention of all the District Educational Officers in the State is invited to the reference read above wherein certain guidelines were given for submission of the applications of the Teachers (both working and retired) for sanction of medical assistance from the National Foundation for Teachers' Welfare. A.P. In spite of clear instructions, some of the District Educational Officers are submitting the applications of the Teachers without following the guidelines already given, which leads to make further correspondence and delay for sanctioning the medical assistance to the teachers and some of the District Educational Officers are submitting the applications which do to relate to the National Foundation for Teachers Welfare. However, keeping in view of the defects found in the applications received previously, the following guidelines are issued.

- 1) The teachers both working and retired who are eligible for medical advance/medical reimbursement from the Government are only eligible to apply for medical assistance from the funds of National Foundation for Teachers Welfare, AP subject to the condition that the grant sanctioned by the Government is less than the expenditure incurred by the teacher.
- 2) Financial assistance from NF for TW,AP, will be given to the teachers to meet the medical expenses on serious ailments like Cancer, Heart Disease, Kidney failure etc. Of self or his/her dependents i.e. wife/husband married or unmarried son, and unmarried daughter.
- 3) The teacher/dependent should have obtained treatment in the Government Hospitals or Hospital which are recognised by the State / Central Government. No Financial Assistance can be sanctioned for the treatment obtained from private Hospitals/Clinics / Nursing Homes.etc.
- 4) The quantum of financial assistance will be decided on the basis of actual payments made by the Teacher to the Hospital (or towards medicines purchased) and it shall be limited to the total expenditure incurred for the patient -Minus the medical grant sanctioned by the Government subject to the maximum of Rs. 30,000/- (Rs. Thirty thousand only)

- 5) Medical certificate, estimation certificate, essentiality certificate, medical bills, prescription slips, cash receipts of medicines purchased should be submitted in original. Xerox copies / true copies / Duplicate copies are not accepted. In the absence of the originals no financial assistance can be sanctioned.
- 6). The application form prescribed for this purpose is enclosed (ANNEXURE-I) All the columns in the application should be filled in properly. Incomplete filled in application/incomplete form will be rejected. At. Col.No. 13 of the application with his signature and office seal.
- 7). The following bills and documents should be enclosed to the application in original in the absence of the originals, no financial assistance can be sanctioned.
 1. Medical certificate issued by the Hospital authorities duly indicating the Patient's name, designation and the institution where he/she is working/retired at the time of discharge of the patient. If there is place in the Medical certificate for the signature of the patient, the patient is required.
 2. Estimation certificate issued by the Hospital authorities.
 3. Inpatient discharge bill/patient charges account bill/detailed bill etc issued by the Hospital authorities at the time of discharge from the hospital, and consolidate pharmacy bill (details and hospital provisional bills (i.e. for investigations, drugs and disposals- mentioned in the discharge bill in original (wherever it is applicable) issued by the hospital authorities like CARE Hospital etc.
 4. All the cash receipts issued by the hospital authorities towards inpatient hospitalisation charges. The applicant should make an endorsement on all the cash receipts as "PAID BY ME" with his /hersignature.
 5. Prescription slips with cash receipts/cash memo of medicines purchased duly indicating the patient's name and Doctor name. The applicant should make an endorsement on all the cash receipts /cash memos as "PAID BY ME" with his/her signature and all the cash receipts/cash memos should be got countersigned by the Hospital authorities.
 6. Essentiality Certificate issued by the Hospital authorities at the time of discharge from the hospital with the signature of the superintendent of the Hospital.
 7. In case costly items (such as valves, pacemakers etc medicines are purchased from the Medical Pharmacy, prescription slip, invoice and cash receipt / cash receipts as should be enclosed. The applicant should make an endorsement on cash receipts as "PAID BY ME" with his/her signature and should be got countersigned by the hospital authorities.
 8. Xerox copy of discharge report/discharge summary report should be enclosed.
 9. A copy of the orders in which the medical advance/medical reimbursement was sanctioned -by the Government should be enclosed.

All the District Educational Officers in the State are therefore, requested to scrutinize the applications together with enclosures of the teachers for medical assistance from the National Foundation for Teachers Welfare, A.P. with reference to the guidelines mentioned above and submit the applications which are within the encl: Specimen application form (Annexure-I)

for Secretary - Treasurer
National Foundation for Teachers' Welfare A.P.

ANNEXURE-I

**APPLICATION FOR THE SANCTION OF FINANCIAL ASSISTANCE FROM
THE NATIONAL FOUNDATION FOR TEACHERS WELFARE: ANDHRA
PRADESH HYDERABAD FOR MEDICAL PURPOSE FOR IN SERVICE
TEACHERS AND RETIRED TEACHERS**

1. a) Full name and permanent address of the teacher (Block letters) :
- b) Father/Husband's name :
2. Date of birth and age. :
3. Whether the teacher is still in service : (Yes or No)
4. If yes in (3) above please give the following particulars in respect of the appointment held at Present:
- a) Designation :
- b) Name of the Institution and full address with district and with district and with pin code number where employed at present :
- c) Monthly emoluments :
- | | | | |
|-----------------|---|--|----|
| Pay | : | | Rs |
| D.A. | : | | Rs |
| Other allowance | : | | Rs |
| Total | : | | Rs |
- d) Date of appointment and total continuous service rendered as teacher upto-date :
- e) Whether temporary / quasi-permanent/permanent. :
- f) Pensionable or non-pensionable :
5. If the teacher is no longer in service Please furnish the following information :
- a) Date of appointment :
- b) Date of retirement :
- c) Last post held :
- d) Whether institution was Government/Local body/aided institutions/recognised Private institution :
- e) Name of the institution last served :
- f) Pension : Rs
6. Approximate income from other sources such as immovable properties/investments etc. : Rs (Per annum)
7. Particulars of all the members of family :

S.No.	Name of the Family Member	Date of birth	Age	Relation ship	Profession	Monthly Income

1. If any member of family is employed details should be mentioned in Col. 6 & 7 in the above table without fail
2. If unemployed, "UNEMPLOYED" should be noted against the name.
3. The name of wife/husband should invariably be mentioned in the statement.

8. Purpose and reasons for which financial assistance is required. :
9. Amount of Financial assistance required :
10. Whether any financial assistance received from any other sources if so, specify the number and date of sanction orders in which financial assistance was given.
11. To be furnished by the applicant

CERTIFICATE

I certify that to the best of my knowledge, the particulars given above are correct. I fully understand that in the event of any of them proved otherwise, I shall be liable to such action, as the National Foundation for Teachers Welfare, Andhra Pradesh, deem fit, to be taken in the matter,

Place: Signature of Applicant
Date: (Teacher)

12. To be furnished by the Head of the Institution where the teacher is serving or last served.

CERTIFICATE

I certificate that the application correctly furnished the particulars of the teachers service.

Place: Signature of the Head of the
Date: Institution (Office seal)

Note: In case the applicant himself Headmaster/Headmistress, the certificate should be got signed by the MEO/MDO/Dy.E.O./Dy.I.O.S/PEO of Z.P.

13. Specific recommendation of the District Educaitional Officer.

Place: Signature of the District
Date: Educational Officer (Office Seal)

14. Decision of the SWC of NF for TW. AP. Hyderabad Rejected / Recommended.

**SIGNATURE OF THE SECRETARY - TREASURER
CHAIRMAN OF THE SWC OF NF FOR TW A.P.**

Note: See the Guidelines Before filling up the application.