

Self
Attested
Passport
Size Photo
of the
Applicant

Passport
Size Photo
of the
Patient

Application Form: Financial Aid for Children

NAME OF PATIENT _____

Patient's Date of Birth _____ (DD/MM/YEAR)

FATHER'S NAME _____

MOTHER'S NAME _____

Residential Address with contact number(s)

*Occupation of parents:

Father: _____

Mother: _____

*Monthly income parents

Father: _____ Mother: _____

*Address (Office) with contact number(s)

NAME OF APPLICANT (Mr/Mrs/Ms) _____

Applicant's relation with the Patient _____

Details of Dependents on the Applicant

NAME	AGE	EDUCATIONAL QUALIFICATION / OCCUPATION

*Income of working children (if any) _____

*Other sources of income (if any) _____

Any other relevant information _____

***Total Monthly Income of the Family** _____

***REFERRED BY** _____

*Address and contact number of the referee

Full Signature of Applicant

Date

Certified from the Hospital with stamp

ESSENTIAL DOCUMENTS

1. Birth certificate of patient
2. Residence Proof (Ration Card / Adhar Card /Passport / Driving License) of Applicant
3. Applicant's Income Certificate attested by Gazetted Officer / Local MP /Local MLA / DM / Sarpanch etc
4. Patient's Medical Certificate approved by the Hospital where treatment is taken
5. Original Receipts approved by the Hospital
6. Attested Proof of all starred points to be provided

FOR OFFICE USE ONLY

Amount Sanctioned _____ Date _____

Recommended By _____

Approved by Trustee _____

Signature of Approving Trustee _____

Signature of President _____