Chiranjiv Medical Foundation

Medical Grant Application Form

(Please use BLOCK LETTERS (capital letters) for filling the application form)

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1. Name of the applicant Mr./Mrs./Ms.:																
First Name	Middle Name	Surname														
2. Name of the Patient Mr./I	Mrs./Ms./Master (If other than applicar	nt):													
First Name	1	Middle Name Surname														
3. Age:		4. Sex														
Years	Months	Male	Female													
5 DAN CARD Number of t	no nationt (If Ava	ilabla)														
5. PAN CARD Number of t	le patient (ii Avai	liable)														
6. Patient's relationship to t	he applicant:															
			<u> </u>													
7. Correspondence address	: :															
8. Contact no:																
Mobile Phone																
Residence																
Office																
9. Email:																
10.0																
10. Permanent address (Lea	ive blank if same	as Correspondence	Address):													
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	11. Na	ame (of th	e H	osp	ital:					1	ı												1	ı			
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12. Ailment:																												
	13 <u>. Tr</u>	eatm	ent:				,					1	T		,	1	ı	ı	ı		T		ı		1	1		
C.	FINA	NCIA	L DE	ΕΤΑ	ILS																							
	14. Total cost of treatment (estimated/incurred) (In Rs.):																											
	15. Family/Personal contribution (In Rs.):																											
	16. Borrowed from relatives & friends (In Rs.):																											
	17. Total family income (In Rs.): PER MONTH PER ANNUM																											
	18. Any other information																											
	19. I c	declai orrect		at t	he a	abov	e fac	cts s	stat	ed/	me	ntio	ned	d ar	nd p	oart	ticu	lars	gi ^v	ven	by	me	are	e tri	ue a	and		_
	Date	Э	Sig	natı	ure (of th	ne ap	plic	ant			5	Sigr	natı	ıre	of t	the	pat	ien	t								
	Applio (This fie																											
	(This field to be filled by CMF) Note: In case of thumb impression, please get it attested by the authorized person.																											

B. TREATMENT DETAILS

INSTRUCTIONS

- 1. Medical grant is open only to Indian citizens residing in India.
- Applications for the Medical grant should be submitted either by the patient or by the
 patient's immediate family member (father/mother/husband/wife
 /son/daughter/sister/brother).
- 3. The applicant for the Medical grant should be above 18 years of age.
- 4. Please note that, application / medical form received after the patient is discharged from the hospital will not be accepted by the Trusts.
- 5. Incomplete forms will be rejected and no correspondence will be entertained in this regard.
- Submitting an application form to the Trusts' Office does not guarantee a Medical Grant from the Trusts. The Trusts' decision to award medical grants, or otherwise, will be informed to the applicant. No explanation whatsoever would be given if the application is rejected.
- Application forms with incomplete / manipulated / false information, with an intention to mislead the Trusts, shall be treated as void and legal action will be taken as deemed necessary.

Documents checklist (photocopies / scans):

MANDATORY DOCUMENTS:

- 1. Photo identity proof of applicant and patient (Any one from the list below)
 - a. Pan Card
 - b. Aadhar Card
 - c. Voter ID Card
- 2. Address Proof (Present or permanent address) (Any one from the list below)
 - a. Ration Card
 - b. Aadhar Card
 - c. Voter ID Card
- 3. Latest Income Proof of all earning members
 - a. If salaried latest Income Tax Return / latest Salary Slip / Income Certificate
 - b. If pensioner Pension Passbook with last one year's entries
 - c. If employed in an unorganized sector- Self declared income proof
- 4. Letter from the Employer of all earning members mentioning whether the patient is eligible for any kind of medical assistance for the family. If not, then a letter from the employer to that effect mentioning the same.