

Chiranjiv Medical Foundation

Medical Grant Application Form

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

A. PERSONAL DETAILS

1. Name of the applicant Mr./Mrs./Ms.:

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First Name

Middle Name

Surname

2. Name of the Patient Mr./Mrs./Ms./Master (If other than applicant):

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First Name

Middle Name

Surname

3. Age:

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Years

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Months

4. Sex

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Male

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Female

5. PAN CARD Number of the patient (If Available)

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6. Patient's relationship to the applicant:

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7. Correspondence address:

8. Contact no:

Mobile Phone	
Residence	
Office	

9. Email:

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10. Permanent address (Leave blank if same as Correspondence Address):

INSTRUCTIONS

1. Medical grant is open only to Indian citizens residing in India.
2. 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.
6. 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.
7. 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.