



APPLICATION FORM FOR FREE & CONCESSIONAL CARE

Patient referred from

Hospital :

I.P.No

Organisation :

Others :

Name of the Patient :

Age :

Father's Name :

Mother's Name :

Address :

Type of Residence : Own/Rental

Occupation of Patient/Father :

Employed in:

Income:

Mother :

Employed in:

Income:

No of Children

Boys 1.

Age:

2.

Girls 1.

Age:

2.

Name of Illness/Problem :

Any other observations :

Dept./Doctor to be seen :

Doctor Informed :

Yes/No

Patients/Guardian contact Ph. No. :

Amount Received so far with details as under:-

1. Through Publicity in Paper(Name of Paper/Magazine)Rupees
2. Any Charitable TrustRupees
3. Any RelativesRupees
4. Any FriendsRupees
5. Others
1.Rupees
2.Rupees
3.Rupees

Total

Amount that the patient/Guardian can give towards publicity/stamps for sending letters to donors Rs.-----

I hereby certify that the above information furnished by me is true.

Patients Name

Guardians Name & Signature

Encl: 6 Passport black & white photos and one postcard colour photo
Income Certificate
Hospital Certificate (Breakup cost of operation) - 2 Nos Original.
Stamp paper for Rs. 20/- Purchased in the name of Guardian