



**B. TREATMENT DETAILS**

12. Name of the Doctor / Hospital

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13. Ailment :

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14. Treatment

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15. Total cost of medicine / treatment (estimated/incurred) (In Rs.):

16. Family / Personal contribution (In Rs.):

17. Borrowed from relatives &amp; friends (In Rs.):

18. Medclaim received / eligible from insurance company (In Rs.):

19. Medical reimbursement from Employer (In Rs.)

20. Total Family Income (In Rs.):

PER MONTH

21. Family Details :

Sr. No.	Name of Family Members	Relationship to Patient	Age	Occupation	Monthly Income
1.					
2.					
3.					
4.					

22. Please give details regarding financial assistance received from only other sources.

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23. Any other information you would like to mention.

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24. I declare that above facts stated/mentioned and particulars given by me are true and correct.

**Date****Signature of the applicant****Signature of the patient**

1. Recommended by any reputed person of Society.

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2. Application Received on date

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3. Recommended by coordinator committee

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**Approved by : President** \_\_\_\_\_ **Secretary** \_\_\_\_\_

Enclosure

1. Aadhar Card

2. Income Proof &amp; Bank Statement for last 6 months