

Shree Dasa Porwad Vaishnav Samaj (Nandurbar), Mumbai



Mumbai

Jivdaya Netraprabha Karyalaya, Plaza Panchsheel Estate, Gamdevi,
Mumbai 400007

Medical Assistance Form

1. Name of the Patient Shri/Smt _____
2. Father's / Husband's Name Shri _____
3. Full Residential Address _____

4. Telephone No. Tel. 1 _____
Alternate No. 1 _____
5. Age _____
6. Marital Status Married / Unmarried
7. Whether he/She is member of Our Samaj at Mumbai Yes / No
8. Details of the Disease _____

9. Help required in terms of assistance. Hospitalization / Operational Expenses / Medical Expenses
10. Name of the hospital _____

11. Name of the Doctor _____
12. Employed with / Self Employed _____
13. Whether the member has got mediclaim or any other insurance for medical help? Or whether he/she gets medical benefit from the employer? If so please share details. Yes / No. _____

14. Number of members in the family and number of dependents _____
15. Annual Income of patient _____
16. Total Annual Income of all earning members in the family _____
17. Family Liabilities _____
18. Whether the member or his/her family member has received such medical help from Samaj Earlier? If yes how much? _____
19. Relationship of Applicant with Patient _____

Signature of the Patient / Applicant

Notes :

1. The medical assistance is subject to separate guidelines
2. Doctor's letter regarding treatment, operation and rough estimate of total expense is a must

FOR OFFICE USE ONLY

Sanctioned Rs. _____ (In words Rs. _____)

To Shri/Smt _____

Date :

Signature of Two Office Bearers