

Application Form for financial / medical assistance to cancer patient

**The Chairman,
Cancer Aid & Research Foundation
Byculla Municipal School Bldg.,
Gr. Flr., Rm. Nos. 15-18, Near 'S' Bridge,
N. M. Joshi Marg, Byculla (West),
Mumbai - 400011**

Mumbai,
Date _____

Sir,
Myson/daughter/kin, Master/Miss/Mr./Ms _____

Date of Birth _____ Age _____

is a cancer patient suffering from _____

and undergoing medical treatment at _____

_____ Hospital, under Dr. _____

as per letter dated _____ under registration No. _____

He/She has been advised to undergo the following treatment:

1. Medication
2. Chemotherapy / Radiotherapy
3. Surgery / Hospitalization
4. _____

The approximate cost for the aforesaid treatment is Rs. _____ and in support of that I am enclosing a medical certificate issued by Dr. _____ of

_____ Hospital

The process of treatment will go on for a period of _____ month / Years.

As a responsible person towards this patient, I am giving below my particulars as under :

i. Name in Full : _____

ii. Age : _____ Male / Female

iii. Marital Status : Married/Unmarried

iv. Occupation : _____ v. Nationality _____

(Employment detail)

vi. My Total Annual Income : Rs. _____

vii. Total Annual Income of Family : Rs. _____

viii. No. of dependents/ Family Members: _____

(Xerox copy of the ration card to be attached)

ix. Present Address in Mumbai: _____

Tel Nos. _____

x. Permanent Address (with pin code) : _____

Tel. : Nos _____

**PATIENT'S
PHOTO**

xi. I have collected the following amount for the treatment :

1) My own contribution : Rs. _____
 2) Hospital's contribution : Rs. _____
 3) Other Trust's contribution : Rs. _____
 Total Rs. _____

DECLARATION

I solemnly state that the aforesaid details are true and correct to the best of my knowledge and information.

I agree to comply with terms and conditions and requirements as being stipulated by the Foundation while rendering me financial and medical assistance.

I agree that in case of collection of required fund through advertisement / appeal in newspaper, excess amount over and above the required medical expenses, shall go to the other cancer patients of the Foundation or used for creating facilities for the betterment of cancer patients and for that I shall have no objection whatsoever.

Any mishap to the patient should be immediately intimated to the Foundation.

Mumbai: Date: _____

 Signature of Applicant

Encl.: 1) Certificate of the Doctor.
 2) Certificate of the Social Worker
 of the Hospital giving economic background.

RECOMMENDATION of Patient by the concerned Doctor

Dr.: _____ Signature _____
 (Hospital/Doctor's Rubber Stamp)
 (Without Rubber Stamp the case will not be considered.)

OFFICE USE:

Amount of Rs. _____ (Rupees _____)
 is sanctioned in favour of _____
 By Cheque No. _____ dated _____ drawn on _____

Date _____ Chairman / Asstt. Secretary / Trustee

Administrative Office :

Byculla Municipal School, Bldg., Gr. Floor, Rm. Nos. 15-18, Near 'S' Bridge, N. M. Joshi Marg, Byculla (W), Mumbai – 400 011. Tel. : 23005000 / 23008000 / 32538800

Note : (1) Application form should be properly filled and submitted at the above address on any working days from Monday-Friday between 10.00 a.m to 6.00 p.m.
 Saturday between 10.00 a.m to 1.00 p.m.