



**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 Trust .....Rupees
3. Any Relatives .....Rupees
4. Any Friends .....Rupees
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