

AASARAA

[Regd. No. 417/2011]

(A Society registered under the Andhra Pradesh Societies Registration Act, 2001)

9-400, Sri Ram Nagar, Visalakshinagar Post, Visakhapatnam-530 043

Application for grant of financial assistance to meet

Medical Expenses

| | | |
|---|--|-----|
| 1 | Name of the Applicant | |
| 2 | Mobile / Landline No. | |
| 3 | Residential Address | |
| 4 | Occupation | |
| 5 | Monthly income (Ration Card/Income Certificate to be enclosed.) | |
| 6 | Particulars of the patient | |
| | Name | |
| | Age | |
| | Relationship with the Applicant | |
| | Disease | |
| | Name of the Hospital where undergoing treatment | |
| | Estimated expenditure for treatment/surgery (Hospital Certificate/letter to be enclosed) | Rs. |
| 7 | Whether any financial assistance is available under "Aarogyasri" or any other Scheme of the Government (amount to be mentioned). | |

| | | |
|---|--|--|
| 8 | Mention in whose favour the cheque is to be issued | |
|---|--|--|

Place :

Date :

Signature of the applicant