

Application for Medical Assistance

www.joyalukkasfoundation.in

Submit the filled application at nearest Joyalukkas Showroom

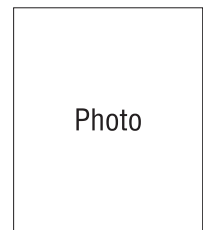
A Patient information

1. Name :

2. Address :

.....

.....Pin :



3. Phone : Age:..... District:.....

4. Diagnosed Disease :

5. Male Female Religion : Hindu Muslim Christian

6. Married : Yes No Number of children

7. Employed: Yes No Monthly Income

8. Total Members of family Annual Income

9. Own a House: Yes No

10. Have you received financial assistance from Joyalukkas Foundation before? Yes No

I here by declare that the information furnished above are true and correct to the best of my knowledge and belief.

Name of the applicant:

Date:.....

Relation with the patient:.....

B

1. Details of the disease (To be filled by the doctor)

.....

.....

.....

2. Treatment expense (Average amount)

Monthly	
Or	
Total Expense	

3. Name of Doctor :

4. Hospital : Seal:.....

Sign :

C

1. Recommend by Ward Member.....

.....

.....

2. Name : Seal:.....

Sign :

NB: The photograph of patient should be placed on the given space.

Attach copy of Ration card with the application.

Incomplete application will not be considered.

FOR OFFICE USE

Date of Issue :

Amount Sanctioned: Rs

Date of Receipt :

Check Received by :

Signature

Signature

Date :