

APPLICATION FORM FOR AVAILING FINANCIAL ASSISTANCE FOR TREATMENT OF
CANCER LATE P.A. PISHAROTI MEMORIAL FUND FOR TREATMENT OF CANCER

A.1	Name of the applicant	
A.2	Address (Tel.No.)	
A.3	Whether member of Pisharody Samajam (mention name of the local Unit)	
A.4	Whether employed. If yes, furnish details	
A.5	Name, Age & Date of birth of the patient	
A.6	Relationship with the patient for whom treatment is undertaken	
A.7	Details of annual income of applicant and other family members	
A.8	Name of the hospital where treatment is undertaken. Please attach copy of the Discharge certificate issued by the Hospital	
A.9	Details of the financial assistance received from other sources for the said treatment	
A.10	Mention concessions if any received from the hospital or from other sources for the said treatment	
A.11	Amount of financial assistance sought (Please attach copy of Doctor's prescription, original bills & payment receipts etc as proof. Also attach a certificate from the Doctor stating the nature of sickness for which treatment was taken.	
A.12	I, _____, state that the above furnished facts are correct to the best of knowledge and belief	Signature of the applicant
B.1	Recommendation of Secretary,	Name of the local unit if Pisharody Samajam
B.2	I have scrutinized the application and the facts mentioned therein are correct to the best of my knowledge and belief. Date : _____ (Seal)	(Signature of Local Unit's Secretary)
C.1	For use by Secretary, PE&WS	
C.2	Date of receipt of the application and Registration No. of the Applicant.	Date of Receipt Regn.No