

M.R.D. WELFARE SOCIETY (Regd.)

APPLICATION FOR FINICAL HELP TO THE POOR & NEEDY CANCER AND
HEPATITIS-B-PATIENTS

NAME:-

FATHER/HUSBAND'S NAME:-

AGE:-

SEX:-

NATIONALITY :-

PRESENT ADDRESS:-

PARMENENT ADDRESS:-

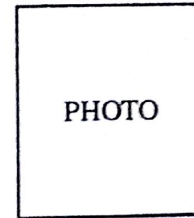
FINANCIAL STATUS:-

MONTHLY INCOIME:-

OCCUPATION:-

DESCRIPTION OF THE DESISES:-

INTRODUSED BY :-



IT SHOULD BE VARIFIED BY A GHAZETED OFFICER] M.L.A., MUNICIPAL
COUNCELAR OR M.P.IN CASE OF STUDENT THEN FROM THE PRINCIPAL OF THE
SCHOOL.

(NAME AND SIGNATURE)
OF THE PATIENT

PLEASE ENCLOSE THE FOLLOWING WITH APPLICATION.

1. TWO PHOTOS (ATTESTED)
2. PROOF OF RESIDENTAL ADDRESS
3. AGE PROFF CIRTIFICATE
4. PHOTOCOPY OF MEDICINE BILL'S, PRESCRIPTION COPPIES

AND THE APPROX EXPANCES ON THE TREATMENT

5. IN CASE THE PATIENT CAN NOT COME TO COLLECT THE HELP THEN PLEASE
GIVE THE NAME OF THE AUTHORISED PERSON
6. BRIF CASE HISTORY BY C.P.W.S AUTHORISED PERSON.

PASSED BY
AUTHORISED SIGNATORY
OF C.P.W.S.

VEREFIED BY
SIGNATURE & NAME