## Application for Financial Assistance under Umbrella Scheme Rashtriya Arogya Nidhi (RAN) and Health Minister's Discretionary Grant (HMDG)

(Please tick mark (1))

| asht | riya Arogya Nidhi   | HEALTH MINIS                     | TER'S DISCRETIONARY GRANT  | 8         |
|------|---|----------------------------------|--|-----------|
|      | n Minister's Cancer Patient Fund  |                                  |  |           |
|      | Diseases  |                                  | ersene het in die 1900 eeu naar die 2000 eeu naa | -         |
|      |   |                                  |  |           |
| 1 1  | Name of the Patient (in Block Letters)  | (T. 19 A)<br>(T. 19 A) (T. 19 A) | ANAL SAUCES AND SERVICE  |           |
| 1    |   | Francisco Company                |  |           |
| 2    | · Age  (a) Permanent Address along with Pin Code                              |                                  |  |           |
| 3    | (a) Permanent Address along with the  |                                  |  |           |
|      |   |                                  |  |           |
|      | (b) Address for correspondence  | •                                |  |           |
|      |   |                                  |  |           |
|      | 100   |                                  |  |           |
| 4    | (a) Email Address (if available)  |                                  | A STATE OF THE STA | <u>i.</u> |
|      | (b) Mobile No. (if available)   |                                  |  |           |
| 5    | (a) Father's /Mother's name   |                                  |  |           |
|      | (b) Husband/wife's name   |                                  | ALL AND ALL A  | 1         |
| 6    | Applicant's Relationship with the Patient                                     | w                                |  |           |
| 7    | Disease from which suffering (Name of   | the disease)                     |  |           |
| 8    | you do the applicant or the person on y                                       | hom the patient                  |  |           |
|      | is dependent, is an employee of Centre/S                                      | tate Government                  |  |           |
| 9    | Monthly Income of the applicant and all from all sources issued by Tehs       | family members                   |  |           |
|      | CDM/DC  |                                  | Sengtraction (Sent Field A)  | ••••      |
|      | Contained Income Certificate should   | l be attached.                   |  |           |
|      | However, where online certificates attested copy of income certificate may b  | e enclosed)                      |  |           |
| 10   |   | 1                                |  |           |
| 11   | Minister (Department other than Mil   | listry of ricalul &              | # 15일이 15일 1일 등을 하는데 15일 10일 10일 10일 10일 10일 10일 10일 10일 10일 10  |           |
|      | Family Welfare such as Prime Minister<br>Fund or CM Relief Fund for treatment | r National Rener                 |  |           |
|      | disease.  | a corlier If so full             | Control of the Section of the Sectio |           |
| 1    | (b) Ministry of Health & Family Welfar details may be given.                  |                                  |  |           |
| 1    | 2 Attach self attested copy of the Ration (                                   | Card                             |  |           |

|     |  |                                       |   |                       | 3.5   |
|-----|--|---------------------------------------|---|-----------------------|---|
| 13  | Aadhar Card No., if any (Attach self attested copy)  | )                                     |   |                       | ***   |
| .,, | I hereby share my Aadhaar Number issued by Use voluntarily give my consent to link my Aadhaar with my request for financial assistance RAN/HMCPF/Rare Disease/HMDG Schemes. authorize Ministry of Health-& Family Welfare to Aadhaar card details & identity informati | Number<br>under<br>I also<br>use my   |   | QE - 1862             | <u>il</u> · · · · · · · · · · · · · · · · · · · |
|     | authentication with UIDAI.   | on for                                | .4. / 110-                              | 17.1                  |   |
|     |  |                                       |   |                       | ·   |
|     | DEC  | LARATIO                               | <u>N</u>                                | yri.                  |   |
|     | 1 I declare that the information sixty along in  |                                       | 1.086                                   | A STEEL SAME          | admirt  |
|     | I declare that the information given above is     I am not covered for benefits under Bradback.  |                                       |   |                       |   |
|     | 2. I am not covered for benefits under Pradha  | OR                                    | an Arogya                               | rojna (PMJAY).        |   |
|     | (Fe  | or rare di                            | 202202                                  |                       |   |
|     | Though I am covered under PMJAY, the amount  |                                       |   | ice required ind      | icated at Column                                |
|     | above, is only for packages not covered under I  | PMIAY                                 | ioiai assistai                          | ice required, ind     |   |
| •   | , and provide under the  |                                       |   |                       |   |
|     |  |                                       | , if .                                  |                       | 3773Ki  |
|     | Date:  |                                       | ·                                       |                       |   |
|     | Date.  |                                       | Signa                                   | ture of the Appl      | icant/Patient                                   |
|     |  |                                       |   |                       |   |
|     |  |                                       |   | and the second of the | 1262 ( )  |
|     |  |                                       |   |                       |   |
|     |  |                                       |   |                       |   |
| •   | TO BE FILLED BY THE M.O. INCHARGE  | OF THE                                | CASE/HO                                 | SPITAL, ETC.          | WHERE THE                                       |
|     | PATIENT IS REC   |                                       |   |                       |   |
|     |  |                                       |   | ,, :                  |   |
|     |  |                                       |   |                       |   |
|     | 1. Name of the Patient & Hospital Registration No.   |                                       |   | E 1885.11             | ::(h)   |
|     | 1. Traine of the Fatient & Hospital Registration 140.  | _                                     |   | <del></del>           | 1):   |
|     |  |                                       | 241007                                  | 1111                  | -iqE  |
|     |  |                                       | A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ira                   | 1.00  |
| :   | 2. Gist of Reports of important Investigations done  | 7 <u>.</u>                            |   |                       |   |
|     |  |                                       |   | •••                   |   |
|     |  |                                       |   |                       | <u> </u>  |
|     |  |                                       |   |                       | 17  |
|     | 3. Diagnosis-A short Note on the present clinical  |                                       |   |                       | . it  |
|     | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1  |                                       |   |                       | . 1,8(1)2                                       |
| •   | conditions may be indicated  |                                       |   |                       | (Crip.  |
|     | may be maidaidu  | <del> </del>                          | 7.2                                     | 1 .                   |   |
|     | 4. If the patient has been operated, please Indicate the date of operation   |                                       |   |                       |   |
|     |  |                                       |   | ninggg / A            | out of the                                      |
|     | 5.(a)The name of the Hospital where the patient is   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 360 50                                  |                       | * / Tab -                                       |
|     | receiving treatment.   |                                       |   |                       |   |
|     | (b) Whether Hospital is Government or Private.   | -                                     | <u> </u>                                |                       |   |
|     |  |                                       |   |                       | 4.1   |
| . ( | 6. Amount recommended for treatment  |                                       |   | · · · ·               |   |
| ,   | 7. Probable date of operation/intervention   |                                       |   |                       |   |

8. Item wise break up of expenditure recommended in Column 6

| Name of consumables/medicines required for | Cost (in Rupees) |
|--|------------------|
| operation/treatment 1.                     |                  |
| 2.   |                  |
| 3.   |                  |
| 4.   |                  |
| 5.   |                  |

Certified that the patient is not covered for benefits under PMJAY.

OR

## (For rare diseases)

For patients covered under PMJAY, the amount recommended for treatment under Column 6 above, is only for packages not covered under PMJAY.

Signature of the HOD/MO-in-charge (Note below the level of Consultant/Assistant Professor with Official Seal

- 1. Certified that the patient's particulars given above are true to the best of my knowledge and belief.
- Details of Bank account (including IFSC Code) of the hospital to which funds are to be transferred (Bank details are to be provided in cases of hospitals, where revolving funds have not been set up).

| Name of the Bank & Address                                |  |
|---|--|
|   |  |
|   |  |
| Account No.   |  |
| IFSC code   |  |
| PAN/TIN/TAN   |  |
| Details of the account holder- name of hospital/institute |  |
| Mobile Number   |  |
| E-mail id   |  |

Signature of the Medical Superintendent of the Hospital/Medical Institution with Official Seal

Certificate to be furnished by the treating hospital regarding coverage of the beneficiary under AB-PMJAY

## CERTIFICATE

| 1. Certified th  | hat •                | (Name of       | the patient)   | is not cove   | ered for bene  | efits under Pradhan  |
|--|----------------------|----------------|----------------|---------------|----------------|----------------------|
|  | ogya Yojna (PMJA     |                |                |               |                |                      |
|  |                      |                |                |               |                |                      |
|  |                      |                | OR             |               |                |                      |
|  |                      |                |                |               | ч.             |                      |
|  | 1.16 tem             | (Fo:           | r rare diseas  | es)           | ļ              |                      |
|  |                      |                |                |               |                | or was said A        |
| 2. Though  | Na                   | me of the pati | ent) is cove   | red under Pi  | MJAY as pe     | r SECC database,     |
| emount of  | financial assistanc  | e required as  | indicated at C | Column 10 o   | f the Applica  | ation form, is only  |
| nackages r   | not covered under A  | B-PMIAY        |                |               | ••             |                      |
| packages i   | iot covered ander i  |                |                |               |                |                      |
|  |                      |                |                | •             |                |                      |
|  |                      |                | . • .          |               |                |                      |
|  |                      |                |                |               |                |                      |
|  |                      |                |                |               |                |                      |
|  | in a large to have a |                |                | ·Signature o  | f the HOD/M    | 1O-in-charge         |
|  |                      |                |                |               |                | 000 1 0              |
|  |                      |                |                | 114           | 1 D            |                      |
|  | (1)                  | Note below the | level of Con   | sultant/Assis | stant Professo | or with Official Sea |
|  | າ                    | Note below the | level of Con   | sultant/Assis | stant Professo | or with Official Sea |
|  | (1                   | Note below the | level of Con   | sultant/Assis | stant Professo | or with Official Sea |
|  | (1)                  | Note below the | level of Con   | sultant/Assis | stant Professo | or With Official Sea |
| Agan', Sara in   | ()<br>*****          | Note below the | level of Con   |               |                |                      |
| Marin Same in a  | (1                   | Note below the | level of Con   |               |                | or with Official Sea |
| AND DAY OF   | ()                   | Note below the | level of Con   |               |                | de prochagan;        |
| Martin Daw in the Common of th   | (Table 1977)         | Note below the | level of Con   |               |                | de proclamani ;      |
| AND SERVICE CONTRACTOR OF THE    | (Table 1977)         | Note below the | level of Con   |               |                | de proclaman :       |
|  | ()<br>()             | Note below the | level of Con   |               |                | de proclaman :       |
| Martin Dawn on the Control of the Co   | (1)                  | Note below the | level of Con   |               |                | de proclamani ;      |
|  | (T                   | Note below the | level of Con   |               |                | de proclaman :       |
| Allen John Vo<br>Standing of the Standing of the | (1)                  | Note below the | level of Con   |               |                | de proclaman :       |
| Agent Common of the Common of    | 715                  | Note below the | level of Con   |               |                | de proclaman :       |
|  | (1)<br>(1)           | Note below the | level of Con   |               |                | de proclaman :       |
| Allen Dawn in a second of the    | (1)                  | Note below the | level of Con   |               |                | de proclaman :       |
|  | 715                  | Note below the | level of Con   |               |                | de proclaman :       |