

Sparsha Skin Foundation

#1301, 2nd Cross, Nehru Nagar, Mandya

Application form for Medical Aid

(only for dermatology related conditions)

PHOTO

1. Name of the patient: _____
2. Name of Father/Mother/Husband/Guardian: _____
3. Religion and Caste : _____
4. Residential Address: _____

5. Age: _____ Sex: M/F
6. Nature of disease: _____

7. Name of the Hospital from where treatment is sought and whether it is covered under the government scheme _____
8. Medical Aid required (estimated cost certificate in original from the above hospital to be attached) : _____

9. Annual income of all adult members of family from all sources (proof / certificate to be attached) _____
10. Whether the applicant has taken such assistance from any other sources, if so give details

It is certified that the information furnished above is true to the best of my knowledge and belief and nothing has been concealed.

Signature of the applicant

(Either self or of legal guardian in case of minor)

Recommended and forwarded by _____

(Name, signature and seal)