

Request for Financial Assistance for Dialysis
Please attach relevant medical records for assessment

Date:.....// 2008

• **Patient's Details:**

Name of Patient:.....Age M / F

House Name: Village

City/Town..... Post Office.....

District:..... State:

Pin Code:..... Phone:

Marital Status: Married / Single / Widowed / Divorced No. of Children:.....

• **Family Details** (Including Patient, Parents, Spouse, Brothers, Sisters & Children)

Sl. No.	Name	Age	Relationship	Employment	Income/Mt
1			Patient		
2					
3					
4					
5					
6					
7					

Contribution	Doctor's Recommendation
Have you brought any contribution from any charitable societies / organization towards your treatment to avail matching grant from CKF (max Rs. 2500/-) attach letter with seal Address : Phone : Amount : Cheque / DD N :	CKD since : No.of dialysis / Week : Cost / dialysis : Cost of Medicines / Week : Recommended for amount : Doctor's signature : Date: Seal :
Patient's signature: Date:	

Financial help is subject to availability of funds for that month.

OFFICIAL USE

