

SUMAN RAMESH TULSIANI CHARITABLE TRUST

1103/04, Tulsiani Chambers, 212, Nariman Point, Mumbai - 400 021

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(Timings: From Monday to Friday: between 3:00 p.m. to 5:00 p.m.)

Application Form For Medical Aid

1. Name of the Patient	:	_____
(in BLOCK Lettes beginning with Surname)		
2. Age _____ Years	3. Sex:	Male / Female
4. Home Address:	_____	
_____	City:	_____
Dist.:	Pin:	_____
State.:	Tel.No.:	_____
5. Profession of the Patient	:	_____
6. Profession of the Father/ Gaurdian/Spouse	:	_____
7. Total Monthly income of the Patient/Family	:	_____
8. No. of family members (including patient)	:	_____
9. Nature of Disease	:	_____
10. Nature of Treatment	:	_____
11. Name of Hospital	:	_____
12. Name and Designation of the Doctor	:	_____
who will perform the operation / treatment		_____
13. Expected Date of Admission	:	_____
14. Expected Date of Operation	:	_____
15. Indoor Regn. No / Case No.	:	_____
16. Bed No. & Ward No.	:	_____
17. Approx. expenses for the treatment	: Rs.	_____
18. Self Contribution	: Rs.	_____
19. Financial assistance sought from other sources	: Rs.	_____
20. Gap	: Rs.	_____
21. If Eligible, Kindly Issue Cheque Favouring		_____

Doctor's signature & hospital's stamp

Date: _____

Sign. Of the Patient or his/her relative (if Relative)
please specify the relation

Date: _____

(Please fill this form fully; Incomplete Application Form, Especially without sign. Of Operating Doctor & date, will be rejected. Further, attach fresh estimate certificate from operating doctor.

Here please note that we accept only Two month's old certificates.

Also note that in case of operation, Application should be submitted before operation date.)

To be filled in by office

Date: _____

Remarks of the Scrutiniser / Interviewing Officer: _____