

**APPLICATION FOR FINANCIAL ASSISTANCE FROM
PRIME MINISTER'S NATIONAL RELIEF FUND (PMNRF)**

1	Name of the Patient	Paste photograph of patient here
2	Age/Sex of the patient	
3	Father' s/Husband's name	
4	Number of Family members	
5	Residential address for correspondence. Please enclose copy of proof.	
6	Telephone/Mobile No. of the patient/applicant	
7	AADHAAR- Card No. (if available)(Please enclose self attested copy of the card.)	
8	Nature of Disease/ailment/ Treatment Required	
9	Quantum of Financial Assistance required for future treatment as per estimate given by the hospital. Please enclose Expenditure Estimate from the Govt./ private empaneled hospital.	
10	Whether any assistance from PMNRF was received on earlier occasion by the patient. If so, mention file No. of the sanction/Release letter, if available.	

11	Whether the patient is covered under 'Ayushman Bharat [Pradhan Mantri Jan Arogya Yojana (PM-JAY)]'. If yes, please give Card No. and details of assistance received under 'Ayushman Bharat [Pradhan Mantri Jan Arogya Yojana (PM-JAY)]'.	
12	Whether applied /eligible for any other source of funding/Assistance from any Govt. agency/NGO/Insurance company /Hospital/ Employer etc. If Yes, please give details.	
13	Whether patient or the person on whom he/she is dependent is an employee of Central Govt./State Govt./Local Bodies/PSU.	
14	Occupation and monthly income of the patient or the person on whom he/she is dependent. Please enclose Income Certificate issued by District Revenue Authority.	
15	Any other relevant information.	

Signature of the patient/Applicant

(Name:

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(Mention name of applicant along with relation with the patient, if application is not signed by patient)