ANNEXURE-I

Application form
for Medical Aid under Dr. Ambedkar Medical Aid Scheme
(for SC and ST only)

Self Attested Photo of Patient -passport size.

1. Name of the Patient :.....

2. Name of Father/Mother/Husband/Guardian .....

3. Caste (the patient belongs to).....

4. Gender (Male /Female/Third gender).....Age.....

5. Residential Address of Patient with Pin Code .....

6. Phone Number with STD Code / Mobile Number and e-mail, if available.....

7. UIDAI No./ Aadhaar No. of beneficiary .....

8. Nature of Disease .....

9. Date of Surgery/ Dialysis / Chemotherapy / Radiotherapy .....

10. Documents required for Kidney transplant i.e. Relationship with beneficiary (Form 14, format for the decision of the Authorization Committee Certificate).....,Details of Donor of Kidney i.e. Name.....,Age.....,Blood Group....., UIDAI No./Aadhaar No..... Address.....

11. Name of the Hospital from where treatment is sought and if the said hospital is covered under the Scheme (please mention the details (please see para-1 of the Scheme).....

12. Medical Aid required (Estimated Cost Certificate in Original issued by Medical Superintendent of the hospital to be attached).....

13. Annual Family Income from all sources.....

14. Whether the applicant has taken medical financial assistance or aid from any other sources, if so give details .....

15. **Documents Check**: Self attested certificates of following are attached:

(i)	Caste Certificate	: Yes /No
(ii)	Income Certificate	: Yes /No
(iii)	Ration Card/Aadhaar Card	: Yes /No
(iv)	Annexure-II & III duly filled/signed.	: Yes/No

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

I also undertake to ensure that (a) the Discharge Certificate and (b) Final Original Bills alongwith the (c) Utilization Certificate (UC) issued by the Hospital, shall be submitted to Dr. Ambedkar Foundation after my discharge from the hospital.

D.P. MAJHI
Director
Dr. Ambedkar Foundation

Signature of the Patient
(Either self /relative etc. or of Legal Guardian in case of Minor)