

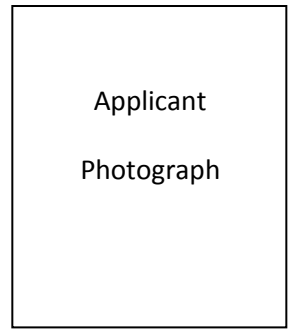
**APPLICATION FOR MEDICAL AID**

To:

Konkan Catholic Association (Regd.)

“Konkan Bhavan” No.34, 10<sup>th</sup> Main, 2<sup>nd</sup> Cross,

Mathikere, Bangalore - 560054.



Applicants name and address: \_\_\_\_\_  
\_\_\_\_\_

Email id: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Bank Account No. : \_\_\_\_\_ Branch: \_\_\_\_\_

Name of the Parish: \_\_\_\_\_ Place: \_\_\_\_\_

S/o, F/o, M/o, W/o, H/o: \_\_\_\_\_ Their occupation \_\_\_\_\_

Patient's occupation: \_\_\_\_\_ Source of income: \_\_\_\_\_

PAN card number: \_\_\_\_\_ No of dependants: \_\_\_\_\_

Type of illness/surgery/treatment: \_\_\_\_\_

Details of hospital with doctor contact no: \_\_\_\_\_

Cost of surgery/treatment: \_\_\_\_\_

Any two close ref. for enquiry Contact No. \_\_\_\_\_

Any Health Insurance coverage/ESI \_\_\_\_\_

Referred by: \_\_\_\_\_ Contact No: \_\_\_\_\_

Please Attach: (1) Discharge summary / Final Bill / Latest reports

(2) Bank statement of six months

(3) Family Photograph

**Office use/Association use**

Received on: \_\_\_\_\_

Discussed in the EC meeting on: \_\_\_\_\_

Visited the patient/verified/confirmed by: \_\_\_\_\_

Approved Amount: \_\_\_\_\_

Cheque no: \_\_\_\_\_ Date: \_\_\_\_\_