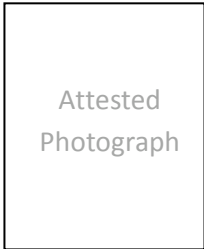


CARING SOULS FOUNDATION

Admn. Office: C-197, Nirala Nagar, Lucknow – 226 020, U.P.

Ph: 0522-400298, 4062740, 4077298

1. Name of Patient : _____
2. Parent/ Guardian's Name : _____
3. Present Address : _____
4. Permanent Address : _____
5. Phone No./ Mobile No. : _____
6. Occupation (P/G) : _____
7. Job Description : _____
8. Monthly Income (Rs.) : _____
9. Details of Dependants : _____



S.No.	Name	Occupation	Income (Rs.)	Relationship with Patient

10. Name of Disease : _____
11. (a) Place of diagnosis – City & State : _____
(b) Name of Doctor : _____
12. (a) Place of Treatment – City & State : _____
(b) Name of Treating Doctor & Qualification : _____
13. Monthly Expenditure in Treatment as certified by the Doctor : _____
14. (a) Aid Received Earlier: YES/NO
(b) If yes, give the Name of the Society and Datewise details alongwith amounts thereof:

DECLARATION: The abovementioned details are TRUE to the best of my knowledge. In the event of any false statement, I am ready to abide by the decision of the foundation whatever it may be.

Date:
Place:

Signature/Thumb Impression
of the Applicant

NOTE: Following Documents are to be submitted with the application:

1. Proof showing that the patient is terminally ill.
2. Proof of monthly income of the parents/guardian of the terminally ill child.
3. A note from treating specialist doctor showing the approximate expenditure in treatment to be incurred in the coming months.
4. Authority Letter, in case the cheques should be handed over to an authorised person/relative.
5. Three Passport sized Photographs of the patient.
6. All the documents are to be submitted in original for the first time.

FOR OFFICE USE ONLY

File No.: _____ Name of Patient: _____

1. Sanctioned/ Not Sanctioned: _____
2. Amount Sanctioned: _____
3. Payment made by account Payee Cheque or Cash:
Cheque/Draft No. _____ drawn on _____ dated _____ In favour of _____
Amount Rupees _____ (Rs. _____) only.
4. Cheque/ Cash given by hand/sent by Registered Post/ Courier:
Details: Number: _____ Dated: _____ In Favour of _____
Cash/ Cheque/ Draft Received



Checked By:

Signature of the Recipient