

**APPLICATION FORM FOR TREATMENT ASSISTANCE FROM  
CHIEF MINISTER'S RELIEF FUND.**

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- 1.(A) Name of the Patient :
- (B) Son/Daughter/Wife of :
2. Age. :
3. Occupation. :
- 4.(A) Permanent Address :
- Village: Ward No.: P.O.:
- P.S.: Block : Tahasil:
- Sub-Division: District:
- (Attach the photocopy of the Voter Card)
- (B) Address for Correspondence :
5. Name of the applicant, if the application is not made by the patient. :
6. Applicant's Relationship to the patient. :
- (a) Whether the patient / his spouse / parents :  
employee of Central Govt. / State Govt. / PSU /  
any other company. :
7. Whether the patient/his family is a BPL Card Holder of 1997. : Yes / No. :
- (a) If yes, attach self attested photocopy of BPL Card of 1997
- (b) If not, attach the Annual Income Certificate of the family. (Attach e-certificate duly issued by the Tahasildar) :
8. Disease from which suffering :
9. Name of the Hospital where the treatment is being received. :
- (a) Date of Admission :  
(Attach photocopy of bed head ticket) :
- (b) Date of Discharge :
- (i) Attach photocopy of Discharge Certificate. :
- (ii) Attach Photocopy of Bills of expenditure :
10. Whether Financial Assistance for the same purpose has been received from OSTF / PM's Relief Fund / CMRF. :
- (a) If yes, specify the amount & date of sanction. :

11. Whether a RSBY/ BKKY Card Holder (if yes, attach :  
the self attested photo copy of the cards)  
Whether the assistance admissible under the card : Yes / No  
has been exhausted. If yes,  
(a) Quantum of assistance availed :  
(b) Balance available in the card. :
12. Whether any assistance has been sanctioned by :  
the Collector / Sub-Collector for the treatment of  
this disease. If so, indicate the amount & date of  
sanction.
13. Any Other information :

**DECLARATION**

I Mr./Mrs. \_\_\_\_\_ son/daughter/wife of  
Mr./Mrs. \_\_\_\_\_ hereby declare that, the information given  
above is correct and complete in all respects. I also declare that neither I nor my parents  
are employees of the Central / State Government / local body / PSU.

N.B: In case it is detected subsequently that, any fraudulent or misleading information has  
been furnished by me, I shall be liable for legal action as deemed proper by the  
authorities.

Place :

Date of submission of application : \*

Signature of the Applicant / Patient  
Contact Number:

Recommendation of  
Hon'ble M.P. / M.L.A

\* Application should be made during the treatment or maximum within one month from  
the date of discharge from the hospital.

**Check List**

**Enclosed the self attested photocopy of the following documents.**

1. Patient Bed Head ticket.
2. Discharge Certificate.
3. Bills of expenditure.
4. BPL Card.
5. Original e-income Certificate.
6. Voter ID Card /Adhar Card.
7. RSBY / BKKY Card.

**TO BE FILLED BY THE TREATING PHYSICIAN OF THE CASE/HOSPITAL ETC.  
WHERE THE PATIENT IS RECEIVING/ HAS RECEIVED THE TREATMENT.**

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1. Patient's Name :
2. Name of the Hospital :
3. Indoor Registration Number & date of admission :  
A short note on the present clinical condition of the patient :
4. Important Investigations Done. :
5. Diagnosis. :
6. Details of treatment :  
indicate date & other details :
  - a. Medicine Management, ICU :
  - b. Surgery :
  - c. Chemotherapy :
  - d. Hemodialysis :
  - e. Others :
7. Amount of expenditure. :
  - a)Cost of important investigations. :
  - b)Cost of surgery :
  - c)Cost of medicines, etc. :
  - d)Hospital Charges :
8. Whether the patient is assisted under RSBY/ BKKY/ OSTF. If yes the quantum of assistance provided/If no, the reasons thereof. :

Recommended By

Signature of the  
Treating Doctor with Official Seal

Approved By  
Signature of the Medical Superintendent  
In charge of the Hospital /CDMO/CMO  
With Official Seal.

N:B:- The application should be submitted during the treatment or maximum within one month from the date of discharge from the hospital.