



**KASHMIRI MEDICAL EMERGENCY &
CHARITABLE TRUST**

(REGD. SINCE 2010 - Registration no: 3959/2010-11)

APPLICATION FORM

(Application of Request For Financial Medical Aid)

(For Office Use Only)

Case Registration No: _____ Date _____

REFERRED BY: _____

PHOTO
PLEASE PASTE
PASSPORT SIZE
PHOTO HERE

- A. Submit the Application form duly filled up & signed. Please don't leave any column blank.**
- B. Following documents are to be submitted with the application:-**
- Photo of patient to be pasted on the form above.
 - Proof of ID & residence, of patient
 - Copies of latest diagnosis / prognosis, (Kindly do not send the previous/old prescriptions.)
 - Copies of latest test reports, revealing the current medical condition of patient
 - Attending doctors comprehensive report, showing medical condition and line of treatment / procedures proposed to be carried out & the total cost of treatment. (Expected treatment expenditure or package cost if any, duly certified by attending doctor/s / hospital administration / relevant hospital authority

1) PATIENT DATA

- A. PATIENT NAME _____ AGE: _____ SEX _____
- B. ADDRESS _____

- C. CONTACT: TEL NO _____ MOB. NO. _____
E-MAIL _____
- D. OCCUPATION _____
- E. EMPLOYER _____
YEARS WORKING WITH PRESENT EMPLOYER : _____ TOTAL YEARS WORKING _____
- F. MONTHLY INCOME(OF PATIENT):
TOTAL MONTHLY INCOME Rs _____

2) FAMILY DATA

- A. FATHERS / HUSBANDS NAME _____
- B. FATHERS / HUSBANDS OCCUPATION: _____
- C. DETAILS OF FAMILY MEMBERS: _____

- TOTAL FAMILY MEMBERS _____

D. TOTAL FAMILY -MONTHLY INCOME FROM ALL SOURCES

- a. SOURCE _____ INCOME _____
- b. SOURCE _____ INCOME _____
- c. SOURCE _____ INCOME _____
- d. TOTAL MONTHLY INCOME OF FAMILY FROM ALL SOURCES,;Rs. _____

3) PATIENT ILLNESS / TREATMENT DETAILS

- A. ILLNESS / DISEASE _____
- B. DOCTORS RECOMMENDATION/ TREATMENT SUGGESTED: _____
- C. HOSPITALISATION OR MEDICINES REQUIRED: _____
- D. NAME OF DOCTOR TREATING PATIENT: _____
- E. NAME OF HOSPITAL IN WHICH TREATED. _____
- F. HOW LONG IS THE HOSPITALISATION/TREATMENT REQUIRED: _____

(KINDLY ATTACH ALL THE TRANSCRIPTS & BRIEF REPORT BY THE TREATING DOCTOR)

4) FINANCIAL ASSISTANCE DETAILS

A FOR HOSPITALISATION / EMERGENCY TREATMENT OF PATIENTS:

- a) HOSPITALISATION EXPENDITURE: _____:
- b) EXPENDITURE ON MEDICINES REQUIRED: _____
- c) OTHER EXPENDITURE: _____
- d) TOTAL EXPENDITURE ON TREATMENT: _____
- e) TOTAL CONTRIBUTION BY PATIENT, FAMILY, FRIENDS, RELATIVES: _____
- f) SHORTFALL AMOUNT: _____
- g) HOSPITAL NAME IN WHICH PAYMENT IS TO BE MADE: _____
- h) HOSPITAL BANK ACCOUNT NO: _____
HOSPITAL BANK RTGS CODE: _____
HOSPITAL BANK NAME & BRANCH: _____
- i. DATE BY WHICH THE FUNDS ARE REQUIRED _____

B FOR MEDICAL SUSTENANCE CASES (PATIENTS REQUIRING MONTHLY EXPESES ON MEDICATION):

- a) AMONT REQUIRED EVERY MONTH: _____
- b) PERIOD FOR WHICH THE FUNDS FOR MEDICINES/TREATMENT ARE REQUIRED _____

5) MEDICAL REIMBURSMET DETAILS:

- A. DO YOU HAVE MEDICAL REIMBURSEMENT FROM ANY OF THE SOURCES – PLEASE SPECIFY THE SOURCE & THE REIMBURSEMENT AMOUNT, THE PATIENT OR HIS/HER FAMILY MEMBER IS ENTITLED:
e.g. EMPLOYER / MEDICAL INSURANCE / LIC / GOVERNMENT / RELEIF COMMISIONER – J&K GOVT. OR ANY OTHER SOURCE:
- B. SOURCE OF REIMBURSEMENT : _____
- C. AMOUNT ENTITLED: Rs. _____

6) CONTACT PERSONS DETAILS

(SHOULD BE PREFERABLY A FAMILY MEMBER WHO CAN CO-ORDINATE WITH KMECT ON DAY TO DAY BASIS)

- A. CONTACT PERSON NAME _____
- B. RELATIONSHIP WITH PATIENT: _____
- C. ADDRESS _____

- D. CONTACT: TEL NO _____ MOB. NO. _____
- E-MAIL _____

7) TERMS & CONDITIONS

Kashmiri Medical Emergency & Charitable Trust, also referred to as KMECT, terms and conditions for the services provided by it to the recipients of these services, will observe following terms & conditions strictly:

- A. The patient / his family will read these terms & conditions & confirm the understanding & thus acceptance of the same by signing this form.
- B. The information provided by the Patient / Applicant should be correct / true.
- C. The service rendered by or through Trust, has no legal binding nor the advice/service provided, can be taken for legal scrutiny.
- D. The Trust does not hold any responsibility for the consequences of the services/advice provided by the Trust/doctors panel of Trust or wrong treatment by the hospital.
- E. In case of any wrong declaration or hiding of any facts / information pertaining to the patient/case, the Trust reserves the rights to withdraw support/funding & recover the funds released prior to withdrawal.
- F. In case of re-imburement from any of the sources, the patient / his family shall reimburse/return the amount funded, to KMECT
- G. In case of receipt of donations directly by the patient / his family, they shall reimburse/return the amount to KMECT to the extent of the funds paid by KMECT to the patient / his family.
- H. The Patient details will be used by KMECT for the purpose of collection of funds & disclosing to any government authority/ agency, being a registered Trust. The details will be put on net / published in the media by KMECT. The patient / his family will have no objection to the same.
- I. The patient or his family/friends will not release any advertisement on net, news paper and/ or publicize in any media directly for funds. In case of huge requirement of funds & if due to any extreme urgency, the same is done by them, they will do so after consulting KMECT & also mention in the published ad/appeal "The patient treatment is supported by Kashmiri Medical Emergency & Charitable Trust – the contributions may directly be sent to them". The bank details of KMECT & not that of patient should be provided in the appeal.
- J. In case the patient / his family/friends release the advertise for direct funding in their/patient's name, KMECT is free to withdraw the support & claim refund from the patient / his family.
- K. **Please Note;**
- i. Documents mentioned under clause "B" at the top of page 1, are a must to be submitted.
 - ii. In case requested by KMECT, you will submit the Bills, in support of expenditure incurred so far, needs to be provided, for us to decide on the extent of future support by KMECT.
 - iii. In case requested by KMECT, you will submit the Salary / income certificate.

- iv. KMECT in no case reimburses the expenses already incurred by family.
- v. Subject to approval of case by BOT of KMECT, cheques are paid directly to the hospital or chemist account and not to patient or family account.
- vi. Any patient suffering from life consuming disease where chances of survival are less than 50 %, KMECT may consider providing pain management treatment. Amount to be decided by BOT/ Doctor on Panel and may vary from case to case.
- vii. In case KMECT requests you to submit any other document, considered by KMECT Team important to consider & process the case, you will have to submit the same immediately on request.

Declaration By Patient / Relatives

I/We hereby declare that the information given by me/us above is true to the best of my knowledge.

Presently I/we am/are not in a position to arrange funds for the medical emergency stated above.

I / we have read the above terms & conditions and the same are understood by me/us.

I/We confirm the acceptance of these terms & conditions.

(The nomenclature "we" includes the patient & his family, friends, relations who are coordinating with KMECT)

Signature of Patient / Family Member
Name: _____

RELATIONSHIP WITH PATIENT: _____

DATE: _____

(Kindly note The Trust is charitable in Nature & the services provided are Free Of cost. All the team members/trustees/advisers/doctors on panel are working on honorary basis as social service & no one is engaged on remuneration.)

NOTE:-

