

(Photograph of the patient)

Application for Treatment Aided by Bansi Vidya Memorial Trust

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| NAME OF THE PATIENT | |
| NAME OF THE PATIENT'S FATHER/MOTHER/ GUARDIAN | |
| AGE / SEX OF THE PATIENT | |
| MRD NUMBER (Hospital Regd. No.) | |
| DATE OF ADMISSION | |
| NAME OF TREATING CONSULTANT | |
| SPECIALITY | |
| DIAGNOSIS | |
| TREATMENT PLANNED (Summary to be Attached in detail as per performa given) | |
| ADDRESS OF THE PATIENT | |
| DOCUMENTS ATTACHED | |
| Copy of Income Certificate /BPL Card/Salary Slip | <input type="checkbox"/> Number _____ |
| Copy of Aadhar Card/Voter I Card /PAN Card | <input type="checkbox"/> Number _____ |
| ESTIMATED COST OF THE TREATMENT /PROCEDURE | |
| AMOUNT OF AID REQUESTED FROM BVMT | |
| RECOMMENDATION BY THE TREATING CONSULTANT | |
| RECOMMENDATION BY DIRECTOR(OP&P)/MEDICALSUPERINTENDANT OF THE HOSPITAL | |