

**Application For Financial Assistance from Vice-President's Discretionary Grants**

1.	Name of the Patient		(Paste photograph of patient here)	
2.	Age/Sex of the Patient			
3.	Father's/Husbands Name			
4.	Number of Family Members			
5.	Residential address for correspondence (Enclose a copy of proof)			
6.	Telephone/Mobile Number of the patient/applicant			
7.	AADHAAR Card No. (if available) (Please Enclose self attested copy of the card)			
8.	Purpose for the grants: (Pl. tick the relevant field)  Note: 1. Provide nature of disease/ailment/treatment Required, in case of Medical Purpose.  2. Attach death certificate/medical certificate, as applicable, in case of grants under Natural Calamity purpose.	Medical <input type="checkbox"/>	Natural Calamity <input type="checkbox"/>	
			Nature/Details of the calamity occurred:	
			Injury	Death
9.	Quantum of Financial Assistance required for the Medical treatment as per estimate given by the hospital (Enclose Expenditure Estimate from the Govt./Private Empanelled Hospital)			
10.	Whether any assistance from Vice-President's grant was received in the past by the patient?			

11.	Whether applied/eligible for any other source of funding/Assistance from any Govt. agency/NGO/Insurance company/Hospital/Employer etc.? If Yes, give details	
12.	Whether patient or the person on whom he/she is dependent is an employee of Central Govt./State Govt./Local Bodies/PSU?	
13.	Occupation and monthly income of the patient or the person on whom he/she is dependent. (Attach Income Certificate issued by district revenue authority.)	
14.	Any other relevant Information	

Signature of the patient/Applicant

(Name: \_\_\_\_\_ )

Date:

(Mention name of the applicant alongwith relation with the patient, if application is not signed by patient)