



SHREE BALASINOR NAVYUVAK SANGH

REGD ADD: - SHREE MOHANLAL SANKERLAL SHAH (ZAT) SABHAGRUHA
118/120, ARDESHAR DADI STREET, 2ND FLOOR, V. P. ROAD, MUMBAI - 400 004
ADMIN. / CORRESP. ADD:- WILSON SCHOOL, GROUND FLOOR, WILSON STREET,
V. P. ROAD, MUMBAI - 400 004 Tel - 9930399100 email - bnssangh@gmail.com

HOSPITAL / MEDICAL SAHAY

APPLICATION FORM

SMT CHANDANBEN MANILAL DOSHI HEALTH SCHEME
SMT TARABEN KIRTANLAL LALLUBHAI DESAI HOSPITAL AID SCHEME
SHRI RASIKLAL RAMANLAL KADAKIA (R.R) TREATMENT FOR CANCER
UJAS ANISH GANDHI TREATMENT FOR BY-PASS SURGERY
SMT KUMUDBEN CHABILDAS SHETH TREATMENT FOR KIDNEY DIALYSIS
SMT DAMYANTIBEN PRAVINCHANDRA SHAH (ZAT) TREATMENT FOR ORTHOPADIC SURGERY
SHRI RAMESHCHANDRA KANTILAL KADAKIA & SMT. ARUNABEN RAMESHCHANDRA KADAKIA (DHARIWALA) TREATMENT FOR OPHTHALMOLOGY
SHRI AVINASH RAMANLAL KADAKIA (LATKARI) & SMT. PRAVINABEN AVINASHBHAI KADAKIA SPONSORED FOUNDATION FOR HEART CARE
HIP & KNEE REPLACEMENT SURGERY (ARTHOPLASTY) RELIEF SPONSORED BY LATE SHANTABEN KANTILAL PAREKH (AHMEDABAD)

Vasti Patrak No.		Date			
Name Of Patient			Age		
Address					
Name Of Doctor			Mobile No		
	Name of the Family Members	Relation	Age	Occupation	Income (Annual)
1					
2					
3					
4					
Name Of Person Filling the form					
Relation			Mobile No		
Relief from other Institute	Yes	No	Sanctioned Amount (If Yes) -		
Total Amount of Relief Required					
Any other Member of the Family have Sanctioned Relief (Name, Amount & Date of Sanction)					

I hereby declare that the detail furnished above are true & correct to the best of my knowledge. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that my application will be rejected.

RULES

- 1) Relief amount will be decided after proper scrutinizing the family Income & within budget of Sangh.
- 2) The beneficiary of this scheme will have to adhere to the rules & Regulation as decided by sangh from time to time.
- 3) It will not be binding on us to mention reason for any rejection of the application or amount sanctioned.
- 4) All Matter & information related to this will be confidential.
- 5) The applicant has to provide all the supporting documents. If any query we can demand for any other documents related to this application.

Patient / Relative Signature