

Application form for Medical Aid under Dr. Ambedkar Medical Aid Scheme

PHOTO

1. Name of the patient _____
2. Name of Father/Mother/Husband/Guardian _____
3. Caste / Tribe (SC / ST certificate to be attached) _____
4. Residential Address _____

5. Sex _____
6. Age _____
7. Nature of disease _____
8. Date of surgery _____
9. Name of the Hospital from where treatment is sought and whether it is covered under the scheme _____
10. Medical Aid required (estimated cost certificate in original from the above hospital to be attached) _____
11. Annual income of all adult members of family from all sources (proof / certificate to be attached) _____
12. Whether the applicant has taken such assistance from any other sources, if so give details

It is certified that the information furnished above is true to the best of my knowledge and belief and nothing has been concealed.

Signature of the applicant

(Either self or of legal guardian in case of minor)

Recommended and forwarded by _____

(Name, signature and seal of sitting M.P/ D.M/D.C/ Health/ Social Welfare Secretary who recommends the patient)