



# KAINKARYA CHARITABLE TRUST

Flat F1, "SREYAS" Plot 76, Second Street, Balaji Nagar,  
Alwarthiru Nagar, Chennai-600087. Mobile : 89396 15903  
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Application No

**M**

## APPLICATION - AID FOR MEDICAL EXPENSES

### Beneficiary Details

1	Name of the Beneficiary	
2	Date of Birth	
3	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
4	*Aadhaar Number	
5	Name of Illness	
6	Name and Address of the Hospital taking Treatment Name of the Pharmacy in case of support for Medicines	
7	Hospital / Medical Shop Mobile No & Email ID	
8	Inpatient ID (if hospitalized)	

### Details of Aid Recipient

1	Name of the Spouse/Parent of the Patient	
2	Relationship to the Patient	
3	Residential Address	
4	*Aadhaar Number	
5	Occupation Details	
6	Income	
7	No. of Dependents	Adult _____ Children _____
8	Contact Details	Mobile _____ Email _____

### Details of Aid

1	Amount Required	₹ _____
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### Bank Details for Payment

Hospital / Pharmacy Account Number for Bank Transfer	Bank Name	
	Branch	
	Account Number	
	IFSC	

I, \_\_\_\_\_ hereby confirm that the details provided above are correct and true to my knowledge.  
I enclose the required documents, as listed below, for your favorable consideration.

Date : \_\_\_\_\_ Signature of the Patient \_\_\_\_\_ Signature of the Spouse / Parent \_\_\_\_\_

For OFFICE USE ONLY

**SANCTIONED AMOUNT : ₹. \_\_\_\_\_**

Managing Trustee

### Documents Required :

- Aid Requisition Letter  Aadhaar Copies  Hospital Certificate For Surgery with Cost  
 Hospital Discharge Summary  Hospital / Pharmacy Account Details  Prescription Copy for Medicine Support