

**APPLICATION FORMAT FOR SANCTION OF MEDICAL RELIEF FUND TO MINORITY
MUSLIM WOMEN & FEMALE CHILDREN**

To
The Member Secretary
Karnataka State Wakf Foundation
for Women Development,
Room No.215, 2nd Floor,
Vikasa Soudha, Bangalore-560001.

Patient's
Passport
size photo

1.	Name of the Patient	
2.	Name of the Father/Husband/Guardian	
3.	Age & Occupation	
4.	Residential Address with Phone No.	
5.	Annual Income (Income limit less than Rs1.20 lakhs)	
6.	Nature of Disease (Medical Certificate from Hospital/Nursing Home)	
7.	Name & Address of the Hospital/Nursing Home (Enclosed estimated cost) Hospital's Bank A/C No. Name & Branch.	
8.	If already treated Hospital/ Original Bills and Discharge Summary to be enclosed, Patient's bank Name/Address and Account No.	
9.	Is there any medical relief taken earlier from Govt/Organization/Institution etc. Mention details.	
10.	Document enclosed.	1. 2. 3. 4.

I request you to sanction Medical Relief Fund from KSWF for Women Development's Medical Relief Scheme. What is stated above is true and correct to the best of my knowledge and belief.

Place:

Date:

Signature of Patient/Parent/Relatives.

NOTE: Enclose the following Documents.

- 1. Original Income Certificate,**
- 2. Original Hospital Estimate, Amount paid receipt**
- 3. Residential Address Proof (Xerox Copy)**