

SAMEER MALIK

HEART CARE FOUNDATION FUND



An initiative by Heart Care Foundation of India
E-219, GK Part 1, New Delhi 110 048
Helpline Number: 9958771177
E-mail: heartcarefoundationfund@gmail.com
www.heartcarefoundationfund.heartcarefoundation.org

Application No.:

Date:

Followed by:

Patient's Photo

Family Photo

APPLICATION FORM FOR MEDICAL ASSISTANCE

CHECK LIST (Documents needed)

Patient Photo		Family Photo		Ration Card	
Electoral Card		Address Proof		Driving Licence	
Passport Copy		Pan Card		BPL Card	
Aadhar Card		Income Proof from Executive Magistrate		Bank Statement	
Medical History		Estimate in Original		Date of Intervention	
Salary Slip		IT Returns		Electricity Bill	

PERSONAL DEMOGRAPHY (To be filled)

Applicant: Name / Age / Sex		Phone / E-mail / Address	
Patient: Name / Age / Sex		Phone / E-mail / Address	
Nationality		Occupation	

FAMILY DEMOGRAPHY

Father's Name / Age		Mother's Name / Age	
Spouse Name / Age		Brothers	
Sisters		Son	
Daughter		Total Dependent Family Members	
Total Family Members			

IDENTITY PROOF

Aadhar Card No.		Ration Card No.	
Driving Licence		Electoral Card No.	

FINANCIAL STATUS

Govt / PSU / MNC Cooperative / Autonomous Institution		Professionals			
House		Agriculture Land (Dry / Wet)		Gold / Silver	
Family Investments Contribution		Individual Annual Income		Family Annual Income	
Agricultural Income		Family Rental Income		Income from Other Sources	
Total Annual Income (<2 or >5)		IT Return by any Family Member		Vehicle Owner >100 CC	
Monthly Electricity Bill					

PRIVILEGES

Employer		ESI		Insurance	
BPL		CGHS		ECHS	
State Health					

OTHER FUNDS ASSISTANCE APPLIED FOR

PM Fund		CM Fund		State Fund	
Governor Fund		NGO's		Others	

MEDICAL DETAILS

Emergency / Planned	
Dr Name	
Hospital	
Diagnosis	
X-rays	
Echo / TMT	
Cath / Angio	
Treatment Suggested	

ASSISTANCE

Type		Estimate		Date of Intervention	
Family Contribution		HCFI Sanction		Others Contribution	
Worth					

OFFICE USE ONLY

- 1. Received Application on
- 2. Assistance Asked.....
- 3. Financial Assistance Asked
- 4. Screening Committee Recommendations
-
-
- 5. Medical Recommendations
-
-
- 6. Executive Council Recommendations
-
-
- 7. Governing Council Recommendations
-
-
- 8. Assistance Given
- i. Medical
- ii. Administrative
- iii. Financial
- iv. Worth
- v. Cheque Number
- vi. Name of Bank, A/C No, Bank Name & Branch Address, RTGS/EFT Code
- vii. Drawn in favour of
- viii. Dated

Signature/s

DECLARATION BY PATIENT / RELATIVES

We/ I hereby declare that :

- i. The information given above is true to the best of my knowledge. Presently I am not in a position to arrange funds for my medical treatment stated above. In case of reimbursement from any of the sources as specified in clause 11 above, I shall repay the amount to HCFI Fund.
- ii. I agree to get my treatment done at any of the hospitals (govt. of private) in Delhi NCR as will be advised to me by HCFI Fund.
- iii. I agree to arrange my own funds for any follow up treatment of my ailment.
- iv. I agree not to hold HCFI Fund responsible in case of failure of treatment/death during or after the surgical /medical intervention.
- v. We have availed financial assistance from Heart Care Foundation Fund for the treatment of who is suffering from We hereby give consent to printing/publishing/webcasting/web posting the details of the patient including the photo, pictures and other details in the newsletter/website or to be used in any other manner.
- vi. We are grateful to Heart Care Foundation Fund for having given us the above administrative/financial/technical assistance worth.....

Signature/s

Name:

Address:

Mobile: E-mail:.....

TERMS AND CONDITIONS

- i. The HCFI Fund reserves the right to accept or reject any application for financial assistance without assigning any reasons thereof.
- ii. All applications will be processed in 4-6 week's time from the date of receipt.
- iii. All applications will be judged on merit by HCFI Fund Medical Advisory Board who would meet once a month and decide on the acceptance/rejection of application for financial assistance. Their decision will be final and unchallengeable.
- iv. Financial assistance available will be up to maximum of Rs. 1 lac as one time assistance.
- v. The award of financial assistance is sole authority of HCFI Fund. The fund does not guarantee providing financial assistance to all applicants.
- vi. HCFI Fund will not be responsible for failure of treatment/death of patient during or after the treatment has been rendered to the patient.
- vii. HCFI Fund reserves the right to advise/direct the beneficiary to the designated hospital/medical centre for the treatment for which assistance has been awarded.
- viii. The financial assistance granted will be directly given to the treating hospital/medical centre.