



Jan Sanjeevni Trust

Soch Hamari Suraksha Aapki

Jan Sanjeevni Trust Registration No: 1061/2017

Jan Sanjeevni Trust PAN No: AADTJO816E

Jan Sanjeevni Trust Website : www.jansanjeevnitrust.org

Jan Sanjeevni Trust E-mail : contact@jansanjeevnitrust.org

PATIENT NAME	<u>Kabir</u>
PATIENT FATHER NAME	<u>Akash</u>
D.O.B. AND SEX	<u>1 Year, Male</u>
DISEASE NAME	<u>Eye Cancer</u>
TREATMENT HOSPITAL	<u>AIIMS</u>
UHID NO	<u>106282745</u>
DEPARTMENT NAME	<u>Ophthalmology</u>
TREATMENT COST	<u>1 Lakh 6 Thousand</u>
PATIENT FATHER OCCUPATION	<u>Daily Wager</u>
PATIENT ADDRESS	<u>Dev Nagar Karol Bagh Delhi</u>

Performa to provide assistance of Medicines/Surgical consumables for BPL/Poor Indigent/Non-affording Patient through Poor Patient's fund /volunteers/direct donation/N.G.O.at Dr.R.P.Centre For Ophthalmic Sciences

A. Patient's Details

1. UHID NO: 106282745 Unit: VI Ward/Bed: _____
2. Patient's Name: Kabir s/o Akash Age: 14 Male/Female/Others: Male
3. Address: House no- 6599/9 Gali no-4, Dev Nagar Karol bagh Central
4. Domicile State: Delhi
5. Name of the treating faculty: Dr. Neelwete Ioni
6. Diagnosis: Retinoblastoma Surgery/Procedure: IAC
7. Assistance Required for: IAC
8. Amount of financial assistance required: Rs. 10,643/- One lac six thousand six hundred and forty three only
9. Recommendations of treating faculty: four hundred thirty eight only


(Signature & Seal of the Faculty Member)

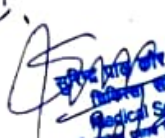
B. Assessment of Socio-economic status by Medical Social Service Unit

10. Ration Card No. and Type: 10741990 (Reg. id) Total family member: 03
11. Income Certificate No.: _____ Income per month: 8,000/-
12. Category as per Socio-economic assessment: BPL (EWS) / APL*
13. If patient doesn't have Ration Card & Income certificate (interaction with Patients/Family member for assessing the Socio-economic status).
 - a) Number of Family members: 03 (Adults 02 Minors 01)
 - b) Number of earning family members: 02, Source of Income of the family: ✓
 - c) Occupation of patient/Head of family: WORKER IN FACTORY
 - d) Monthly family Income: Rs. 8,000/-
14. Is the patient covered under any government scheme :- (Yes/No)
15. If yes, Name of Scheme and E.Card no.: _____
16. Is the prescribed treatment covered under the scheme?:- Yes/No

If patient is not eligible to take assistance under any government scheme, reason for recommending the treatment under BPL/Poor Indigent/non affording Patient through volunteers/direct donation/N.G.O.at Dr.R.P.Centre For Ophthalmic Sciences.

Pt. belongs to poor socio-economic status. His father is a worker in a factory. He has limited income and can't afford the charges for the treatment. Assistance will be provided through donor. N.G.O.

Case forwarded to Jan Laujeerai Trust for financial assistance.


SURINDER PAL KAUR
Medical Social Welfare Officer
Dr. R.P. Centre For Ophthalmic Sciences
New Delhi-110029

Ishta
16/09/23
Medical Social Service Officer
इशा गोस्वामी / ISHA GOSWAMI
चिकित्सा सहायक कर्मचारी, आर्यभट्ट
Medical Social Welfare Officer
डॉ. राजेंद्र प्रसाद केन्द्र, आर्यभट्ट, दिल्ली-110029
आर्यभट्ट, नई दिल्ली-110029

Patient's Name and UHID NO: KA.B.I.R.....(1.0.6.2.8.7.7.4.5.....)

Declarations

I declare that the applicant or the person on whom the patient is dependent, is neither an employee of Centre/State Govt./pensioner/semi-government job nor availing any type of benefits such as ESI/Medical insurance etc. I declare that I or my family is unable to bear the expenses of the treatment and all the details given by me about my family's socio-economic status are true to the best of my knowledge. The family of the patient cannot afford the cost of treatment, so and it is requested to provide financial assistance for Medicines /spectacles/Surgical Consumables/ investigations.

I declare that the information given above is correct and complete in all aspects.

मैं घोषणा करता/ करती हूँ कि आवेदक या वह व्यक्ति जिस पर रोगी निर्भर है, न तो केंद्र/राज्य सरकार/पेंशनभोगी/अर्ध-सरकारी नौकरी का कर्मचारी है और न ही ईएसआई/चिकित्सा बीमा आदि जैसे किसी भी प्रकार का लाभ प्राप्त कर रहा है। मैं घोषणा करता/ करती हूँ कि मैं या मेरा परिवार इलाज का खर्च वहन करने में असमर्थ है और मेरे परिवार की सामाजिक-आर्थिक स्थिति के बारे में मेरे द्वारा दिए गए सभी विवरण मेरी जानकारी के अनुसार सही हैं। रोगी का परिवार दवा/सर्जिकल उपभोग्य सामग्रियों/जांच में सहायता प्रदान करने के लिए लागत और अनुरोध का खर्च वहन नहीं कर सकता है। मैं घोषणा करता/करती हूँ कि ऊपर दी गई जानकारी सभी प्रकार से सही और पूर्ण है।

Name and signature of Applicant : AKASH (31/12/21)

Relation with the patient: FATHER

Aadhaar card number of applicant/patient: 6778 - 3896 - 6619

Medical Social Service Officer's Remarks (if any):

Pt is advised to bring Ration card flow income certificate for needful in future.

Dshg
16/09/23
Name and Signature of Medical Social Service Officer

मिडिल सोशल वेलफेयर अधिकारी
Medical Social Welfare Officer