

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

To,
The Member Secretary,
Karnataka State Wakf Foundation
for Women Development,
Haj Bhavan, Sy No. 57/17,
Thirumenahalli, Next to KNS College,
Hegde Nagar Main Road,
Bangalore-560 064.
Ph No: 080 29586786.

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 Rs. 1.20 Lakhs)	
6.	Nature of Disease (Medical Certificate (Original) from Recognized Hospital/Nursing Home) & Relevant Scanning Reports (Xerox)	
7.	Name & Address of the Hospital/Nursing Home	
8.	Is there any medical relief taken earlier from Govt/Organization/Institution etc. Mention details.	
9.	Documents enclosed	1. 2. 3. 4.

I request you to sanction Medical Relief from Karnataka State Wakf Foundation for Women Development Medical Relief Fund. What is stated above is true and correct to the best of my knowledge, belief and information.

Place:

Date:

Signature of Patient/Parent/Relatives

NOTE: Enclose Income Certificate (Income limit less than 1.20 Lakhs) / BPL Card Copy, Original Hospital Estimation/Original Final Bills & Original Discharge Summary and Xerox Copy of Aadhar Card/Voter ID Card & 2 Passport size photos.