

APPLICATION FOR SANCTION OF MEDICAL RELIEF FUND TO
MINORITY MUSLIM MEN & MALE CHILD

To,
The Member Secretary,
Karnataka State Wakf Council,
No. 57/17, Thirumenahalli,,
Next to KNS College,
Hegde Nagar Main Road,
Bangalore-560 064.

Patient's
Passport size
photo

1.	Name of the Patient	
2.	Name of the Father/ /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 Hospital/Nursing Home)	
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 Council 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 Original Income Certificate, (Income limit less than 1.20 Lakhs) BPL Card Copy, Original Hospital Estimation/Original Final Bills & Original Hospital Discharge Summary and Xerox copies of Adhar Card & 2 Passport Size Photos.