

**ANNEX A: APPLICATION FOR FINANCIAL ASSISTANCE* FOR UPTO 50% AT
ILBS UNDER THE ILBS-KALPAVRIKSH PROGRAM**

*SUBJECT TO AVAILABILITY OF FUNDS

From time to time, the ILBS- Kalpavriksh Program through its fundraising platform using theatre and artisans as done in the past can help patients meet their funding shortfall in areas of emergency care and acute liver failure patients.

1.	Name of the Patient (in block letters)	
2.	Age/ Sex	
3.	(a) Permanent Address along with pin code.	
	(b) Address for correspondence.	
4.	(a) Email Address (if available)	
	(b) Mobile No. (if available)	
5.	Father's / Mother's Name	
6.	Applicant's Relationship with the patient	
7.	Disease from which suffering (Name of the disease)	
8.	Monthly Income of the applicant and all family members from all sources issued by Tehsildar/ BDO/ SDO/ SDM/ DC. (Attested copy of Income Certificate should be attached. However, where online certificates are issued, self attested copy of income certificate may be enclosed)	
9.	Amount of financial Assistance required	
10.	Whether financial assistance has been received from any Ministry/ Department/ PMO for treatment of the same disease. If so, full details may be given.	
11.	Attach attested copy of the Ration card	
12.	Aadhar Card No of child, if any (Attach attested copy)	
	Aadhar card No of Mother	
	Aadhar card No of Father	

DECLARATION

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

Date:

Signature of the Applicant/ Patient

TO BE FILLED BY THE TREATING DOCTOR

1. Name of the Patient & UHID.
2. Age/ Sex
3. Permanent Address along with Pin Code.
4. Address for correspondence _____
5. Gist of Reports of important Investigation done.
6. Diagnosis- A short Note on the present clinical Condition may be indicated. _____

7. Justification for Liver Transplant _____

Signature of Faculty Incharge

Certified that the patient's particulars given above are true to the best of my knowledge and belief.

Signature of Head Operation (M)

The following documents are to accompany this application in order to be processed successfully

- a. Application for grant of assistance shall be made by patient or his/her family as per the format attached and shall also be accompanied with an appeal letter requesting support
- b. The following documents are required to be submitted along with Application
 - i. Proof of Identity of the Patient
 - ii. In case, the application is filed by any of the family members, Proof of relationship with the patient
 - iii. Proof of residential address with a photograph of the house / residence / flat wherein, the patient is residing
 - iv. Details of income from all known sources in respect of self (patient) and all family members
 - v. Income proof / income certificate/ pay slip/indemnity bond/ affidavit from appropriate authority/ EWS card/ valid Ration card/ any other authentic documentary evidence
 - vi. Copy of medical records
 - vii. Estimates of expenditure to be incurred
- e. Place of submission of applications:- Duly filed applications along with copies of requisite documents may be accepted at front-desk, office of transplant coordinator
- f. Received applications shall be forwarded urgently by the receiving authority to the Member Secretary, Management Committee, ILBS - Kalpavriksh Program who shall maintain a Register for the same.
- f. The applications so received shall be processed by the Member Secretary, Management Committee, ILBS - Kalpavriksh Program as per availability of the funds and urgency of the requirement.