

**APPLICATION FOR FINANCIAL ASSISTANCE FROM
PRIME MINISTER'S NATIONAL RELIEF FUND (PMNRF)**

1.	Name of the Patient		Paste photograph of Patient here
2.	Age/Sex of the Patient		
3.	Father's /Husband's name		
4.	Number of Family members		
5.	Residential address for correspondence. Please enclosed copy of proof.		
6.	Contact details of the patient/applicant		
	Telephone/Mobile No.		
	E-mail ID		
7.	AADHAAR-Card No. (Please enclose self attested copy of the card.)		
8.	Nature of Disease/ailment/Treatment Required		
9.	Quantum of Financial Assistance required for future treatment as per estimate given by the hospital. Please enclose Expenditure Estimate from the Govt./private empanelled hospital. The list of private empanelled hospital may be accessed at https://pmnrf.gov.in		
10.	Whether any assistance from PMNRF was received on earlier occasion by the patient. If so, mention file No. of the Sanction/Release letter.		

11.	Whether the patient is covered under 'Ayushman Bharat [Pradhan Mantri Jan Arogya Yojana (PM-JAY)].	
	If yes, please give Card No. and details of assistance received under 'Ayushman Bharat [Pradhan Mantri Jan Arogya Yojana (PM-JAY)].	
12.	Whether applied / eligible for any other sources of funding/Assistance from any Govt. agency/NGO/Insurance company/Hospital/Employer etc. If Yes, please give details.	
13.	Whether patient or the person on whom he/she is dependent is an employee of Central Govt./State Govt./Local Bodies/PSU.	
14.	Occupation and monthly income of the patient or the person on whom he/she is dependent. Please enclose Income Certificate issued by District Revenue Authority.	
15.	Bank Details (Please enclose a copy of passbook first page or cancelled cheque)	
	Bank A/C holder's Name (Patient/Applicant)	
	Bank Account No.	
	Bank and Branch Name	
	IFSC Code	
16.	Any Other relevant information.	

Signature of the patient/applicant

(Name: _____)

(Mention name of applicant along with relation with the patient, if application is not signed by patient)