

**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. Enclose copy of proof.		
6	Telephone/Mobile No. of the patient/applicant		
7	AADHAAR Card No.(if available)(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. Enclose Expenditure Estimate from the Govt./private empanelled hospital.		
10	Whether any assistance from PMNRF was received on earlier occasion by the patient. If so, mention file No. of the sanction/Release letter, if available.		

11	Whether applied /eligible for any other source of funding/Assistance from any Govt. agency/NGO/Insurance company /Hospital/Employer etc.. If Yes, give detail	
12	Whether patient or the person on whom he/she is dependent is an employee of Central Govt./State Govt./Local Bodies/PSU	
13	Occupation and monthly income of the patient or the person on whom he/she is dependent. Attach Income Certificate issued by district revenue authority.	
14	Any other relevant information.	

(Name: _____ Signature of the patient/Applicant _____)

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