

**Application form for getting Medical Aid under
Dr. Ambedkar Medical Aid Scheme**

1. Name of the patient
2. Father/Mother/Husband/Guardian
3. Caste (Caste certificate to be attached).....
4. Residential Address
.....
5. Sex
6. Age.....
7. Nature of disease.....
8. Name of the Hospital from where treatment is sought and whether it is covered under the scheme
.....
.....
9. Financial assistance required (estimate certificate in original from hospital named above to be
attached).....
.....
10. Annual income of all adult members of family from all sources (proof / certificate to be
attached).....
11. Whether the applicant has taken such assistance from any other sources, if so give details
.....
.....

It is certified that the information furnished above is true to the best of my knowledge and belief
and nothing has been concealed there from.

Signature of the applicant
(either self or legal guardian in case of minor)