PROFORMA-cum-REQUISITION
FOR SEEKING FINANCIAL ASSISTANCE/
EXGRATIA UNDER "CHIEF MINISTER'S RELIEF FUND"

Latest Photo

To

The Hon'ble Chief Minister,
Govt. of Telangana,
Hyderabad.

01. Name of the Patient/Beneficiary (with surname expansion) : _____
02. Age : _____

03. Father/Husband's Name : _____

04. Permanent Address:

H.No. : _____
Street/Village : _____
Mandal : _____
District : _____
Pin Code : _____
Phone No. (if any) : _____

05. Address for Correspondence:

H.No. : _____
Street/Village : _____
Mandal : _____
District : _____
Pin Code : _____
Phone No. (if any) : _____

06. Name of the Disease/Purpose for seeking Exgratia/Financial assistance : _____

07. Name & Address of Hospital with Phone & Fax Number : _____
_____

08. Date of Surgery/Operation : _____

09. Incurred Amount : _____

10. Whether any amount was sanctioned under CMRF or from any other source : **Source _____Amount in Rs._____**

The above information given by me is true and correct as per my knowledge and I request you to sanction financial assistance under CMRF.

Yours faithfully

Place:
Date:

SIGNATURE OF THE PATIENT/
BENEFICIARY

Enclosures:

1. **Original in-patient bill** **2) Original in-patient detailed bill**
3. **Original payment receipts** **4) Original Copy of discharge summary**
5. **Copy of Ration card/Income Certificate (issued by Tahsildar)**
6. **Lab reports**