The Mandayam Srivaishnava Sabha (R)

Sri Yadugiri Yathiraja Mutt Building, #198, 11th Cross, Sampige Road, Malleswaram, Bangalore 560003
Website: www.mandayamsabha.in Email: secretary.mandayamsabha@gmail.com Tel: 080 41535970

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APPLICATION FOR MEDICAL ASSISTANCE

{Form E}

(Only for the Members of the Sabha and their children, incomplete application is liable for rejection)

1. Name in Full:

2. Gender: ○ M ○ F 3. Gothram: 4. Family Name:

5. Date of Birth(DD/MM/YYYY): / / Sabha Memb. No.:

6. Father's Name in full:

7. Mother's Name in full:

8. Address: Door No.: City:

Street: State:

Area: Pin:

9. Email: 10.Mobile No.:

11. Land Line No.:

12. a. Marital Status: ○ Married ○ Unmarried ○ Widowed ○ Divorced

13. Medical Aid required for – Describe briefly type of Medical Aid required:

14. Employment Status:
i. Are you working? (if YES):

○ Full Time ○ Part Time Income (per annum) Rs

iii. If Income is "NIL" provide supporters' Name:

Relationship: Mob./Tel.No.:

Address of the supporter:

15. If you are receiving Financial Aid for the purpose from any other source, please provide details:

Organisation: Aid Amount:

NOTE: Please fill in all the columns in Capitals
Guardian/Supporter to sign on behalf of the applicant
If applicant is not able to sign

Applicant's Signature

For Office Use Only:

Application Received Date: Amount sanctioned:

If rejected reason:

Approved by **Received the Amount**

Name & Signature of Sanctioning Authority

Applicant's Signature

ANNEXURE

Declaration annexure to the application for Medical Aid:

DECLARATION

I_____the undersigned declare hereby that this application of my ward for 'Educational Aid' is in order and the information provided by me is true to the best of my knowledge.

Signature of the Applicant/Guardian/Supporter

Name:

Membership No.:

Date:

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Declaration by the Proposer:

PROPOSAL

I_____the undersigned Donor/Patron No. _____declare hereby and propose _____ that his/her application is in order and propose and recommend to consider his application for Endowment under the category 'Medical Aid'.

Signature of Proposer

Name

Membership No:

Date: