



# Surya Foundation

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## MEDICAL GRANT APPLICATION FORM

(Please use BLOCK LETTERS(Capital Letter) for filling the application form)

➤ DIN Number: \_\_\_\_\_

### PERSONAL DETAILS

➤ Name of the applicant Mr./Mrs./Ms.:

\_\_\_\_\_

➤ Name of the Patient Master/Mr./Mrs./Ms.:

\_\_\_\_\_

➤ Age : \_\_\_\_\_

➤ Sex(M/F) : \_\_\_\_\_

➤ Pan Card Number of Applicant (If Available)

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➤ Patient's relationship to the applicant:

\_\_\_\_\_

➤ Correspondence Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

➤ Contact Number:

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➤ Email:

\_\_\_\_\_

➤ Permanent Address (Leave blank if same as Correspondence address):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. TREATMENT DETAILS:**

➤ Name of the Hospital:

\_\_\_\_\_

➤ Ailment:

\_\_\_\_\_

➤ Treatment:

\_\_\_\_\_

➤ Total Cost of Treatment(Estimated) (in Rs.):

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➤ Family/Personal Contribution (in Rs.):

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➤ Borrowed from friends/relatives & friends (in Rs.):

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➤ Mediclaim Received/Eligible from insurance company (in Rs.)

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➤ Medical reimbursement from employer (in Rs.):

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➤ Have you and / or any of your family members ever applied to the Surya Foundation ?  
Yes/NO

If Yes, Please give details \_\_\_\_\_

\_\_\_\_\_

➤ Total Family Income(PA):

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➤ Family Details:

Sr. No.	Name of the Family Members	Relationship to Patients	Age	Occupation	Monthly income

- Please give details regarding financial assistance sought from other trusts/ organizations:

Sr. No.	Name of Trust/Organization	Applied on	Amount sanctioned or to be considered / OR refused, pending, any other

- Any other information: \_\_\_\_\_
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- I declare that the above facts stated/mentioned and particulars given by me are true and correct.
- I agree on the Terms and Conditions of the Surya Foundation, and also allow them to raise funds according to them.

Date:

Signature of Applicant

Application Received on:  
(This field should be filled by SURYA FOUNDATION)

## ➤ INSTRUCTIONS:

- Medical grant is open only to Indian citizens residing in India.
- Applications for the Medical grant should be submitted either by the patient or by the patient's immediate family member (father/mother/husband/wife/son/daughter/sister/brother).
- The applicant for the Medical grant should be above 18 years of age.
- Please note that, application / medical form received after the patient is discharged from the hospital will not be accepted by the Surya Foundation.
- Incomplete forms will be rejected and no correspondence will be entertained in this regard.
- Submitting an application form to the Trusts' Office does not guarantee a Medical Grant from the Trusts. The Trusts' decision to award medical grants, or otherwise, will be informed to the applicant. No explanation whatsoever would be given if the application is rejected.
- Original bills / receipts from hospital should be submitted upon request. Duplicate bills / receipts / certificates from the hospital will not be accepted.
- For cases that are declined, original bills will be returned; however, other documents will be retained by the Trusts.
- The Surya Foundation do not have any intermediaries / agents. Applicants are advised to beware of such individuals that claim to represent the Surya Foundation and demand a share from the grant, if sanctioned. In case any such demands are made, applicants are requested to kindly bring the matter to the notice of the Secretary & Chief Accountant, immediately.
- Apart from the above instructions, it is hereby informed that the decision of the Trustees would be final and binding on all matters and on all persons pertaining to the application.
- Application forms with incomplete / manipulated / false information, with an intention to mislead the Surya Foundation, shall be treated as void and **legal action will be taken** as deemed necessary.
- Application form for a Medical Grant is available on [www.surya-foundation.com](http://www.surya-foundation.com).
- Check List Attached.

➤ **Documents checklist (photocopies/scans):**

➤ **MANDATORY DOCUMENTS:**

- Photo identity proof of applicant and patient (Any one from the list below)
  - Pan Card
  - Aadhar Card
  - Voter ID Card
- Address Proof (Present or permanent address) (Any one from the list below)
  - Ration Card
  - Aadhar Card
  - Voter ID Card
- Latest Income Proof of all earning members
  - If salaried - latest Income Tax Return / latest Salary Slip / Income Certificate
  - If pensioner - Pension Passbook with last one year's entries
  - If employed in an unorganized sector- Self declared income proof
- Letter from the Employer of all earning members mentioning whether the patient is eligible for any kind of medical assistance for the family. If not, then a letter from the employer to that effect mentioning the same.

➤ **SUPPORTING DOCUMENTS:**

- If the patient has been discharged from the hospital, please attach a photocopy of the discharge card/summary, interim bills, Original Final bill, deposit receipts, final settlement receipt and cash memos of the medicines purchased along with the Doctor's prescription.
- If original bills are submitted to TPA/Insurance company, then a letter from them on their letterhead mentioning the date and giving details: (i) the amount Insured; (ii) amount of original bills submitted; (iii) the amount sanctioned from the Insurance Company; (iv) the amount of original bills and receipts retained by them; (iv) Name and designation of the authorized signatory along with the rubber stamp of the Insurance company.
- If claim is under process, please attach photocopy of the Mediclaim policy
- Kidney Transplant cases, to submit an NOC letter from the Authorization Committee of the hospital.
- If the treatment is ongoing or yet to commence, please attach a copy of the treating Doctor's certificate stating ailment, treatment advised and the break-up of the estimated cost of treatment.
- If payments are made by cheque and credit/debit card, kindly submit the copy of Bank Passbook/Statement showing the transaction
- Attach list of individual donors & trusts applied, sanctioned and grants received
- Trusts may ask for additional documents at any point during the application processing.