

**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. Please 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. Please enclose Expenditure Estimate from the Govt./ private empaneled 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 the patient is covered under 'Ayushman Bharat [Pradhan Mantri Jan Arogya Yojana (PM-JAY)]'.		
	If yes, please give Card No. and details of assistance received under 'Ayushman Bharat [Pradhan Mantri Jan Arogya Yojana (PM-JAY)]'.		
12	Whether applied /eligible for any other source of funding/Assistance from any Govt. agency/NGO/Insurance company /Hospital/ Employer etc. If Yes, please give details.		
13	Whether patient or the person on whom he/she is dependent is an employee of Central Govt./State Govt./Local Bodies/PSU.		
14	Occupation and monthly income of the patient or the person on whom he/she is dependent. Please enclose Income Certificate issued by District Revenue Authority.		
15	Any other relevant information.		

Signature of the patient/Applicant

(Name:)

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