

KERALA HEALTH SERVICES DEPARTMENT

APPLICATION FOR AVAILING FINANCIAL BENEFIT FOR CANCER PATIENTS 2018-2019

NAME OF PATIENT							
AGE	SEX	Name of Health Facility					
	MALE	FEMALE					
Occupation	Name of Father / Husband			Monthly Income			
			Economic Status				
			APL		BPL		
Present Address			Permanent Address				
Aadhar Number	Bank account No.		Name of Bank		IFSC Code		
DISEASE DETAILS		Type of Cancer			Site		
Current Treatment from				Since When	Type of Treatment		
Previous Treatment from				Since When	Duration		
Palliative care			Since when	other Mode of Treatment			
other Financial Bendfits availed		RSBY	CHIS PLUS	SUKRUTHAM	THALOLAM	RBSK AK	OTHERS (Specify)

NAME & SIGN OF APPLICANT

Signature of JHI / JPHN

Signature of LHI

SIGN OF MEICAL OFFICER IN CHARGE

FOR OFFICE USE NLY

Name of certifying authority			Designation			Signature		
whether Treatment certificate produced			Whether originals produced			Verification done		
Yes	No	Remarks	Yes	No	Remarks	Yes	No	Remarks
Weightage			Approval			Approval Number		
Remarks								

Sign of

Dy DMO

ADMINISTRATIVE ASST.

DISTRICT MEDICAL OFFICER OF HEALTH