



Rahbar Foundation

To serve humanity in need & eliminate poverty

501(C) (3) Non-Profit Charitable Organization with Tax ID# 47-3151781

www.rahbarfoundation.org



Application Form for Medical Assistance **(For Poor & Underprivileged People)**

Date: _____ (dd/mm/yyyy)

Section I - Applicant's Personal Information:

(First Name): _____ Marital Status: Married Un-married
(Last Name): _____ (Tick)

Date of Birth: _____ (dd/mm/yyyy) Age: ____ Email: _____

Address: _____ Phone: _____

City/Town: _____ State: _____ Pin Code: _____

Health Condition: Cancer TB Heart Prople Diabetes
(Tick) Other: _____ Submit detailed history of disease

Section II – Applicant's Family Information (if Applicant is minor):

Guardian/ Parents: _____ Husband Name/ Father's Name _____ Mother's Name _____

Husband/Father's Profession: _____ Mother's Profession _____

Monthly House Hold Income: Rs. _____ Total No. of Members in the Family: _____

Section III - Applicant's Current Hospital/Clinic Details:

Hospital Name: _____

Doctor' Name: _____

Address: _____ City/Town: _____

State: _____ Pin Code: _____ Phone: _____

Admission No.: _____ Estimated Cost: Rs. _____



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Section IV – Bank Details of the Hospital for Funds Transfer: IFSC Code:

Account No.: _____	Name on the A/C: _____
Bank Name: _____	Branch: _____
Address: _____	City/Town: _____
State: _____ Pin Code: _____	Phone: _____

Section V – Bank Details of the Patient for Funds Transfer: IFSC Code:

Account No.: _____	Name on the A/C: _____
Bank Name: _____	Branch: _____
Address: _____	City/Town: _____
State: _____ Pin Code: _____	Phone: _____

Section VI – Miscellaneous Information:

Whether Applied for Healthcare assistance with Rahbar Foundation earlier? YES NO

If Yes, Application No.: _____ and Date of approval _____

Have any of your brothers or sisters applied for or sanctioned educational assistance with/from us?

YES NO

If "Yes" please give details: _____

Section VII – Instructions & Required Documents to be submitted to Rahbar Foundation:

Important Note: If any declaration or document is found to be false, then your application stands rejected and no money will be paid.

DOCUMENTS TO BE ENCLOSED:



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1. Copy all medical prescriptions and investigative reports.
2. Proof of permanent residence. Submit following documents.
Copy of Ration Card, Voter's ID, Adhar Card
3. Photo copy of Bank Account pass book.
4. Affix Passport size photo to the application also attach postcard size photos as patient
5. Details of hospital bills applicable and photo copies of receipts.
6. Hospital details and Treatment cost Estimation letter.
7. Copy of latest Income certificate issued by government. Above all documents should be inn English.
8. Detailed History of the health issue, family background and Financial details of the family.

Section VIII – Parent/Legal Guardian and Applicant’s Signature:

I/We Solemnly affirm that the above information/documents provided by us is/are true to the best of our knowledge.

Signature of Parent/Legal Guardian

Signature of the Applicant

Rahbar Foundation Office Use Only

Application No.: _____

Application Status: Approved Rejected

If Application is rejected, please specify the reason:

Signature/Approved by Executive Director

Date: _____ (dd/mm/yyyy)

NOTE: Filled in application form along with copies of all supporting documents should be sent to us in PDF format only for consideration to rahbarfoundation@yahoo.com. If the file size is big we suggest you to zip the file and send to us. Applications with incomplete information and missing documents will not be considered. Applications should be submitted to us as early as possible. Applications approval is subjected to the availability of funds. The priority will be given first to the applications of poor candidates.