

**APPLICATION FORMAT FOR SANCTION OF MEDICAL RELIEF FUND TO
MINORITY MUSLIM WOMEN & FEMALE CHILDREN**

To

The Member Secretary,
Karnataka State Waqf Foundation for
Women Development, No.215, 2nd Floor,
Vikasa Soudha,
BENGALURU – 560001.

1	Name of the Patient	
2	Name of the Father/ Husband /Guardian	
3	Age & Occupation	
4	Residential Address with Phone No.	
5	Annual Income (Income limit less than Rs1.20 Lakhs)	
6	Nature of Disease (Medical Certificate from Hospital/Nursing Home).	
7	Name & Address of the Hospital/Nursing Home (Enclosed estimated cost) Hospital's Bank A/C No. Name & Branch.	
8	If already treated Hospital/Nursing home Bills to be enclosed, Patient's bank Name/Address and Account No.	
9	Is there any medical relief taken earlier from Govt/Organization/ Institution etc. Mention details.	
10	Document enclosed. 1. 2. 3. 4.	

Place:

Date:

Signature of Patient/Parent/Relatives.

NOTE: Enclose Original Income Certificate, Hospital Estimate, Amount paid receipt & Residential Address Proof (Xerox Copy), Patient's Passport size photo.