

**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 Name		
4.	Number of the family members		
5.	Residential address for correspondence. Enclose copy of proof.		
6.	Telephone/mobile No. of the patient / applicant.		
7.	Aadhaar No.(please enclose a self attested copy)		
8.	Aadhaar Enrolment No., if applied.		
9.	If none of the above (7&8) are available, reasons thereof –		
10.	Nature of Disease/ailment/ treatment required		
11.	Quantum of Financial assistance required for future treatment as per estimate given by the hospital. Enclose expenditure estimate from the Govt./private empanelled hospital.		

12.	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.	
13.	Whether applied/eligible for any other source of funding/assistance from any Govt. agency/NGO/Insurance company /Hospital/Employer etc., if yes, give detail.	
14.	Whether patient or the person on whom he/she is dependent is an employee of Central Govt./ State Govt./ Local Bodies/ PSU	
15.	Occupation and monthly income of the patient or the person on whom he/ she is dependent. Attach income certificate issued by District Revenue Authority.	
16.	Any other relevant information	

Signature of the patient / Applicant

(Name: \_\_\_\_\_ )

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