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President

CAN & WILL Foundation

3019, Phase 7, Sector 61

Mohali – 160062

**RE: Grant under mediCATe Project of CAN & WILL Foundation**

C&W File No\_\_\_\_\_\_\_\_\_/20\_\_\_\_

(To be filled by C&W Team)

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_S/D/F/H/W/O\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_ SEX: M/F Marital Status:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No of Dependents: \_\_\_\_\_\_\_\_\_ Education:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Village/Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PIN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mb:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(In case parents not alive)

Patient ID No:\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinic No:\_\_\_\_\_\_\_\_\_

Diagnosis\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Faculty:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Surgeon:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Surgery:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ward\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bed No:\_\_\_\_\_\_\_\_\_ Contact No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Through Director/Medical Superintendent/Poor Patient Cell/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Poor Free Status**

BPL Card Ration Card Letter from Counsellor/Sarpanch

(Must Attach Photocopies of the documents)

SES.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Information Regarding Occupation and Income of Self/Parents/Guardian**

|  |  |  |
| --- | --- | --- |
| **Information** | **Self/Father/Mother/Guardian** | **Self/Father/Mother/Guardian** |
| Employer | Government / Semi Government / Private  | Government / Semi Government / Private  |
| Name of Employer or Organisation |  |  |
| If Self Employed, nature of employment |  |  |
| Other | Daily Wager / Domestic Worker / Unemployed | Daily Wager / Domestic Worker / Unemployed |
| Monthly Income (Rs.)\* |  |  |
| **TOTAL Family Income (Rs.)** |  |

**Treatment Plan/Proposal**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Item** | **Qty** | **Date** | **Supplier** | **Cost** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
|  |  |  |  | **Total Expenditure** |  |

We certify that medical condition and the financial status of the patient named above makes him/her eligible to receive the grant from Can & Will Foundation under it’s ‘mediCATe ‘ Project, subject to the approval by the mediCATe Committee of Can & Will Foundation.

The requisition document for the medicines required for this patient is enclosed.

We shall inform you on completion of the surgery or discharge of the patient.

For

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(Hospital Name & Address)