

**Application form for Medical Aid under  
Dr. Ambedkar Medical Aid Scheme**

**PHOTO**

1. Name of the patient \_\_\_\_\_
2. Name of Father/Mother/Husband/Guardian \_\_\_\_\_
3. Caste / Tribe (SC / ST certificate to be attached) \_\_\_\_\_
4. Residential Address \_\_\_\_\_  
\_\_\_\_\_
5. Sex \_\_\_\_\_
6. Age \_\_\_\_\_
7. Nature of disease \_\_\_\_\_
8. Date of surgery \_\_\_\_\_
9. Name of the Hospital from where treatment is sought and whether it is covered under the scheme \_\_\_\_\_
10. Medical Aid required (estimated cost certificate in original from the above hospital to be attached) \_\_\_\_\_
11. Annual income of all adult members of family from all sources (proof / certificate to be attached) \_\_\_\_\_
12. Whether the applicant has taken such assistance from any other sources, if so give details  
\_\_\_\_\_

It is certified that the information furnished above is true to the best of my knowledge and belief and nothing has been concealed.

Signature of the applicant

(Either self or of legal guardian in case of minor)

Recommended and forwarded by \_\_\_\_\_

(Name, signature and seal of sitting M.P/ D.M/D.C/ Health/ Social Welfare Secretary who recommends the patient)