



DIGAMBER JAIN KUTUMB SURAKSHA YOJANA

(Charitable Reg. Trust No. : E/15249/Ahmedabad Date : 01/02/2002)

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Dr. Kamlesh Shah (M) 09825016581

Medical Help Yojna Application Form

Date : _____

(1) Member's Name : _____ (2) Membership No. : FSS ☐☐☐☐

(3) Address : _____

Mobile No. : ☐☐☐☐☐☐☐☐☐☐

(4) Type of Disease : _____

(5) Name, Address of Hospital : _____

(6) Date of Admission : ☐☐ ☐☐ ☐☐ (7) Date of Discharge : ☐☐ ☐☐ ☐☐

(8) Total Medical Expense : Rs. _____ (10) Have you taken previous medical help in this Scheme : YES / NO

If YES, claimed disease _____ amount received Rs. _____ Date _____

I declare that information furnished hereby are true and correct to the best of my knowledge and belief and I have not made any false claim. I am fully aware of rules regulations of our Medical Sahay Yojna. Decision taken by our medical committee will be acceptable to me.

Yours Truly

x

Signature of the applicant

Name : _____

Enclosers : (1) Photo copy of discharge summary. (2) Copy of bills of all medical expenses & receipts (including hospital bills, operation, procedure charges, pharmacy charges) (3) Cancel Cheque of applicant

Important Point : (1) You will not be entitled for medical claim for same disease till 5 years.

(2) One can claim mediclaim for maximum three time in his/her life.

ADVANCE RECEIPT

Date : _____

I _____ acknowledge receipt of

cheque No. _____ Date _____ of Rs. _____

drawn on _____ against my medical claim

x

Sign of applicant

FOR OFFICE USE ONLY

Claim No. : M - _____

(1) Name of the Member : _____ (2) FSS No. : ☐☐☐☐

(3) Intimation Received on Date : ☐☐ ☐☐ ☐☐ (4) Total Medical Expenses : _____

(5) Members on claim : Total member on : ☐☐☐☐

(-) Expired Members : ☐☐☐☐

(-) Cancellation Members : ☐☐☐☐

(-) Missing Members : ☐☐☐☐

(=) Net Members : ☐☐☐☐

(6) Amount Calculation : Net Members _____ x Rs. (20 + 5) = Rs. : _____

(7) Total of medical bill : Rs. _____ (8) Sanctioned Amount : Rs. _____ (i.e. which ever is less of 6 or 7)

(9) Payment Detail : Rs. _____ Chq. No. _____ Dt. ☐☐ ☐☐ ☐☐

Bank _____

For, Digamber Jain Kutumb Suraksha Yojna

x

Authorised Person of Medical committee