

Application Form of Journalist's Medical Welfare Scheme

1. Name of the Applicant: Gender: Male/Female

2. Address:

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PO:

PS:

District:

PIN:

3. Date of Birth: Age as on 01.01.2016:

4. Whether State/Central/Semi Government/Undertaking/Board employee: Yes No

5. Name of Media House:

6. Designation:

7. Press Card issued by authority (Enclosed) Valid upto:

8. DIPR issued Press Card No. (Enclosed) Valid upto:

9. Name of the Disease suffering from:

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10. Brief Summary of the Diagnosis and Treatment:

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11. Medical Documents to be attached (Give tick mark):

Admission Certificate: Discharge Certificate: Prescriptions:

Bills/Vouchers: Clinical Reports: If others, specify:.....

12. Total Expenditure Incurred during the treatment: Rs.

(Enter details on the back page)

13. Total Amount Claimed by the Applicant: Rs.

(Rupees) only

14. Bank Details :

(a) Bank A/C No. :

(b) Name of the Bank :

(c) Branch Name :

(d) IFSC No :

(e) Pan Card No. :

I,, do hereby declare that the above information is true to the best of my knowledge and belief.

Date:

Signature:

Place:

Contact No:

Sl. No.	Description	Amount
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	TOTAL	