

KARUNYA BENEVOLENT FUND

(Directorate of State Lotteries)

ESTIMATE OF EXPENDITURE

(To be obtained from the consulting Doctor & countersigned by the authorized person of the Hospital concerned and submitted along with the application for financial assistance under Karunya Benevolent Fund)

1. Name & Address of the Hospital:

2. Name of Patient :

3. Address : (as per hospital records)

i. House Name/No. :

ii. Place/Village

iii. Grama Panchayat/Municipality/Corporation :

iv. Post Office:

PIN:

v. Taluk:

vi. District:

4. Age:

5. Name of Father/Mother/Husband:

6. Registration No. / IP No. :

Date :

7. Diagnosis:

8. Proposed date for Operation :

9. Priority of treatment/Operation: Emergency / within 3 months/within 3 to 6 months

10. Approximate period of treatment required:

11. Approximate expenditure for:

a. Surgery Rs.

d. Drugs Rs.

b. Radiotherapy Rs.

e. Chemotherapy Rs.

c. Supportive care Rs.

f. Dialysis Rs.

Total Estimated expenditure : Rs.

12. Whether the patient has availed / proposed to avail any financial assistance from State / Central Govt. If so please give details:

13. Remarks:

Signature
Name & Designation
of the Consulting Doctor

Signature
Name & Designation
Head of the Hospital/Authorized signatory

Date

(Office seal)

Details of Hospital's Bank A/c to which the Amount is to be transfer credited

A/c No.

Name of Bank

IFSC Code

Photo of the
patient to be
attested by the
doctor