

KARUNYA BENEVOLENT FUND**UTILISATION CERTIFICATE**

(To be submitted by the Hospital authorities concerned receiving financial assistance under Karunya Benevolent Fund)

KBF Reference No: -----

Certified that the amount received for the treatment of Shri/Smt-----

(Address) -----

admitted in ----- (Name of Hospital) on ----- vide IP

No ----- had under gone treatment for -----

----- and the amount sanctioned /received for treatment has been fully / partially utilised for the treatment as mentioned below:-

1. Date of Admission ----- Date of Surgery----- Date of Discharge: -----

2. Total amount Received: ----- (Vide Order No. -----Dated: -----)

3. Status of treatment: Completed/Continuing/Discontinued/Expired/Referred to another hospital

4. Expenditure Details:-

a. Investigations:	Rs.	e. Radiotherapy	Rs.
b. Drugs	Rs.	f. Hospital stay	Rs.
c. Surgery	Rs.	g. Supportive Care	Rs.
d. Chemotherapy	Rs.	h. Other items	Rs.
		(Please specify)	

Total Expenditure Rs.

Sl. No	Expenditure Details	Amount
1	Total Expenditure incurred	
2	Expenditure met from KBF	
3	Expenditure met from other sources (RSBY, CHIS Plus, Thalolam, Own Expenses, etc.)	
4	Amount Sanctioned from KBF	
5	Balance amount if any, available in KBF	

5. Whether balance amount if any, refunded to KBF? Yes/No (If yes, please give the following details also)

Balance Amount Refunded Rs. ----- Cheque No. ----- Dated -----

Signature

Name of the Consulting Doctor

Place:

Date:

Signature

Name & Designation

Head of the Hospital/Authorised person

(Office Seal)