***KEKHUSRU & PUTLAN MEHTA BENEVOLENT TRUST***

Application to be forwarded to:

THE MAHARASHTRA EXECUTOR &

TRUSTEE CO. PVT. LTD.,

C/o Bank Of Maharashtra,,

6th Floor, Janamangal, 45/47 Mumbai Samachar Marg,

45/47 Mumbai Samachar Marg,

FORT MUMBAI – 400 023.

Tele no 22625974, 22625975

APPLICATION FORM FOR INDIVIDUAL MEDICAL GRANT

(Kindly note that unless all details are given, the application

will not be processed)

(A) **DETAILS OF THE APPLICANT** Relationship with the

Name & address of the Applicant Patient

Occupation : Professional & Current

Financial position of the

Applicant including total

Income from all sources

(B) **DETAILS OF THE PATIENT**

Name Age Sex : M/F

Occupation : Location :

Local Address & Tel. No. Permanent address

& Tel. No.

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(C) **DETAILS OF THE TREATMENT**

\* Nature of the Ailment : Name of the Hospital / Clinic

\* Treatment Details :

\* Estimated / Actual Expenses : Expenses incurred till date :

Rs. Rs.

(Please give proof, certified by a (Please attach Xerox of bills)

Medical authority)

1. **Sources of funds** :

Details of other Trusts / Institutions from which funds have been received :

(Same also includes amount of Medi-claim received)

Sr. Names of Trust / Institutions Applied Amount

No. Yes / No Secured

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**Total amount from Trust / Institutions : Rs.**

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(E) **Any other information** :

(F) **Date** :

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Applicant / Patient’s Signature

(Please give proof of total income of the applicant / parents / guardian)

K & P. Mehta B. Trust