



Passport Size Photo

Application form for the LKT medical aid

1. NAME: _____
2. ADDRESS: _____

3. MOBILE NUMBER: _____
4. ALTERNATE CONTACT NUMBER: _____
5. AGE: _____
6. MARITAL STATUS: _____
7. NUMBER OF CHILDREN: _____
8. AGES OF CHILDREN: CHILD 1 _____ CHILD 2 _____ CHILD 3 _____
9. ANY OTHER DEPENDENTS
(alongwith relationship): _____
10. SOURCE OF INCOME: _____
11. INCOME PER ANNUM(Tick the relevant box)
 - Less than 150,000 pa
 - 150,000-200,000 pa
 - 200,000-250,000 pa
 - More than 250,000 pa
12. ESTIMATE OF MEDICAL EXPENSES: _____
13. AMOUNT OF AID RECEIVED IN RESPECT OF POINT 10 ABOVE: _____
14. AID RECEIVED FROM(Tick the relevant box):
 - Employer
 - Hospital
 - Relatives/Well wisher
 - Charitable Institution



o Others

15. DOCUMENTS TO BE SUBMITTED ALONGWITH APPLICATION:

- 1. Income Proof**
- 2. Ration Card**
- 3. Aadhar card**
- 4. Reports of all tests conducted**
- 5. Copy of estimate of medical expenses as provided by the hospital/treating doctor**
- 6. Any other relevant information (eg. Medclaim Insurance if any or details of any other sponsor providing financial support)**

This section to be filled by the Consulting Doctor.

SYMPTOMS:

TESTS UNDERGONE:

DIAGNOSIS:

TREATMENT PLAN(Atleast for six months):



NAME OF DOCTOR: _____

SIGNATURE: _____

DATE: _____