

# Application Form for Heart Surgery

Photo

Reg.No. :



Name of the patient  
(രോഗിയുടെ പേര്)

Age and Date of Birth of the patient  
(രോഗിയുടെ വയസ്സ് / ജനന തീയതി)

## Family details

No. of family members  
(കുടുംബാംഗങ്ങളുടെ എണ്ണം)

Name of the earning member / applicant  
(വരുമാനമുള്ള കുടുംബാംഗത്തിന്റെ/അപേക്ഷകന്റെ പേര്)

Male/Female  
(പുരുഷൻ/സ്ത്രീ)

Age

Date of Birth of the applicant  
(അപേക്ഷകന്റെ ജനന തീയതി)

Relation with the patient  
(രോഗിയുമായുള്ള ബന്ധം)

Occupation  
(ജോലി)

Monthly income  
(മാസ വരുമാനം)

Any other sick person in the family  
(കുടുംബത്തിലെ മറ്റു രോഗികൾ)

Name

## Give details

Address for communication  
(മേൽവിലാസം)

Land phone (ഫോൺ)

Mobile (മൊബൈൽ)

Do you own (ഉടമസ്ഥതയിലുള്ളത്) House  Vehicle

If rented house, monthly rent  
(മാസവാടക)

Ration Card No.  
(റേഷൻകാർഡ് നമ്പർ)

APL  BPL

Any Liabilities/ Loan with Bank  
(ബാധ്യതകൾ/ബാങ്ക് ലോൺ)

Yes  No  Others

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Consulting Doctor/Hospital Name

(ചികിത്സിക്കുന്ന ഡോക്ടറുടെ/ആശുപത്രിയുടെ പേര്)

Address

(മേൽവിലാസം)

Phone No.

(ഫോൺ)

## ***Attach a copy of your following documents***

1. Income certificate from Village Officer
2. Certificate from Ward Member /Councillor
3. Covering letter /Application for help prepared by the patient / guardian
4. Hospital treatment records and Cost of operation
5. Additional passport-size photograph with envelope
6. Letter from a news reporter/journalist
7. Copy of relevant pages of ration card

## **Send application to General Convener**

HRIDAYATHALAM  
VEE JAY TOWER- 1st FLOOR,  
SALIM RAJAN ROAD, NEAR KATHRIKADAVU RLY. BRIDGE  
GANDHI NAGAR, KALOOR-P.O.KOCHI-682017  
Phone: 0484 4066000, Mobile: 09497188299, 09446464893  
hridayathalam@gmail.com

[www.hridayathalam.com](http://www.hridayathalam.com)

This life saving programme is organized by



DIVYA KARUNYA