

Application form for support of Treatment of Cancer (Medicine or Partial / Full Treatment Support)

Patient's Personal Details:

Full Name of the patient: _____ Aadhar no.: _____
Present Address: _____
Permanent Address: _____
Relative's name 1. _____ Relationship: _____ (M) _____
2. _____ Relationship: _____ (M) _____

Patient's Medical Details:

Type of Cancer: _____ Intent of Treatment: Palliative / Curative (Please circle the right choice)
Name of Hospital: _____ Treating Doctor's name: _____
Details of Treatment undertaken until date: _____
Name of Surgery: _____ Amount: _____
Chemotherapy: Total cycles _____ Number of cycles completed: _____ Cost per cycle: _____
RADIOTHERAPY: Total sessions _____ Total Cost: _____
OTHERS (Please specify): _____
Total Estimated Cost of treatment: _____ Amount spent until date: _____

Other Details

Donation Received from other organisations: _____ Monthly Family Income: _____

Documents submitted

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	(1) Proof of Cancer (CT scan / MRI / PET scan/Imaging) – One of these required mandatorily
<input type="checkbox"/>	<input type="checkbox"/>	(2) Proof of Cancer (Biopsy / FNAC report / Bone Marrow Biopsy)
<input type="checkbox"/>	<input type="checkbox"/>	(3) Cost estimate with Intent of treatment letter by Doctor / Hospital
<input type="checkbox"/>	<input type="checkbox"/>	(4) Income proof [Employer's letter or certificate of Income issued by Tehsildar or Ration Card (Only Maharashtra)]
<input type="checkbox"/>	<input type="checkbox"/>	(5) KYC (2 documents) – Aadhar (mandatory) and any one of (PAN / Voter ID / MDL / Passport)
<input type="checkbox"/>	<input type="checkbox"/>	(6) 2 passport size photographs (of patient)
<input type="checkbox"/>	<input type="checkbox"/>	(7) Prescription of medicine sought duly signed by treating doctor and MSW
<input type="checkbox"/>	<input type="checkbox"/>	(8) Detailed Chemo Protocol (if applicable)

All documents to be submitted and original produced for verification. In case the hospital has a tie-up with Kasturi Foundation, the concerned MSW may verify the original documents and sign below

Support Applied for

Medicine Support / Treatment Support

Amount: _____ (In case of treatment Support)

Signature of Patient / Relative

Documents verified by

Signature of MSW

Applicant may contact Mr. Pinkesh Kapadia – 9323494441 or Mrs. Naina Shah – 9833025671 for any query
Form Submission Centre: C/o Pinkesh Kapadia, 12, Parvati Building, Near Sion Bus Depot, Mumbai – 400022
Form Submission timings: Every Monday or Friday (working day) between 2.00 pm to 4.00 pm