

**APPLICATION FORMAT FOR SANCTION OF MEDICAL RELIEF FUND TO MINORITY  
MUSLIM WOMEN & FEMALE CHILDREN**

To  
The Hon'ble Minister for Wakf, Haj,  
Minorities Welfare & Chairman,  
Karnataka State Wakf Foundation for  
Women Development,  
Room No.38, Ground Floor,  
Vikasa Soudha, Bangalore-560001.

Patient's  
Passport size  
photo

1.	Name of the Patient	
2.	Name of the Father/Husband/Guardian	
3.	Age & Occupation	
4.	Residential Address with Phone No.	
5.	Annual Income (Income limit less than Rs1.20 lakhs)	
6.	Nature of Disease (Medical Certificate from Hospital/Nursing Home)	
7.	Name & Address of the Hospital/Nursing Home (Enclosed estimated cost) Hospital's Bank A/C No. Name & Branch.	
8.	If already treated Hospital/Nursing home Bills to be enclosed, Patient's bank Name/Address and Account No.	
9.	Is there any medical relief taken earlier from Govt/Organization/Institution etc. Mention details.	
10.	Document enclosed.	1. 2. 3. 4.

I request you to sanction Medical Relief from KSWF for Women Development's Medical Relief Fund. What is stated above is true and correct to the best of my knowledge and belief.

Place:

Date:

Signature of Patient/Parent/Relatives.

**NOTE: Enclose Original Income Certificate, Hospital Estimate, Amount paid receipt & Residential Address Proof (Xerox Copy)**