



# FINANCIAL GRANT APPLICATION FORM

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B. Duration of Illness/ Treatment (Mention the period of illness/ treatment and from whom the treatment taken): In Hospital:

Outside the Hospital:

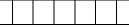
10. Treatment\*:

\*Attach a separate sheet if the given space is not sufficient

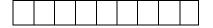
- 11. Total cost of treatment (estimated/incurred) (In Rs.):
- 12. Family/Personal contribution (In Rs.):



13. Medical reimbursement from Employer (In Rs.):



14. Total family income (In Rs.)/Month



15. Family Details:

#	Name of Family Members	Relationship to patient	Age	Occupation	Monthly Income
1.					
2.					
3.					
4.					

\* If you don't have space in the above table, please add the details in an additional sheet.

#### **C.** Details regarding **financial assistance** sought from **other NGO / organizations**:

#	Name of NGO / organization	Applie d on	Amount sanctioned or to be considered / OR refused, pending, any other
1.			
2.			

\* If you don't have space in the above table, please add the details in an additional sheet.

D. I declare that the above facts stated/mentioned and particulars given by me are true and correct.

#### Signature of the applicant

Date:

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### **Documents checklist (photocopies / scanned copies):**

#### MANDATORY DOCUMENTS:

(These documents are mandatory for all the financial assistance applications)

- 1. Photo identity proof of TNAI Member (Any one from the list below)
  - a. Aadhar Card/Voter ID Card/Ration Card
- 2. Latest Income Certificate
- 3. Letter from the Employer/ Self declaration (If not working) mentioning whether the he/ she is eligible for any kind of medical assistance.
- 4. Certification by the TNAI State Branch President/Secretary/ Zonal President or Secretary.

#### **SUPPORTING DOCUMENTS.**

(These documents are required only for Medical/ Critical Illness Assistance. The members applying for Nurses' Welfare Grant need not submit these documents)

- 1. Attach a photocopy of the discharge card/summary/ interim bills/ Final bill/ deposit receipts/ final settlement receipt.
- 2. If original bills are submitted to TPA/Insurance company, then a letter from Company on their letterhead mentioning the date and giving details: (i) the amount Insured; (ii) amount of original bills submitted; (iii) the amount sanctioned from the Insurance Company; (iv) the amount of original bills and receipts retained by them; (iv) Name and designation of the authorized signatory along with the rubber stamp of the Insurance company.
- 3. If claim is under process, please attach photocopy of the Mediclaim policy
- 4. If the treatment is ongoing or yet to commence, please attach a copy of the advised treatment prescribed.

#### \*Medical assistance

a. 75% of the Monthly bill be paid (Maximum limit of 1,00,000 Rs)

#### \*\*Critical Assistance

- a. This facility is applicable in case of accident/organ transplantation/ emergency surgeries/ or any other critical condition which needs immediate medical or surgical intervention
- b. One time financial assistance of 1,00,000 Rs

#### \*\*\*Nurses Welfare Grant

- a. Provides long term financial assistance required for TNAI members.
- b. Rs.5000/- per month will be provided for TNAI members who are terminally ill or no family/financial support.

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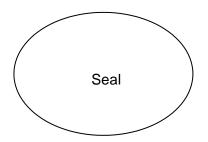
### **<u>Certification by the TNAI State Branch Executive</u>**

This is to certify that, Mr/ Ms/ Mrs
W/o, S/o, D/o
is eligible to get the Medical
Assistance/ Critical Assistance/ Nurses Welfare Grant (tick the appropriate) and also
certifying that, the particulars given above are true to the best of my knowledge and
belief.

Name:

**Designation:** 

Date:



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