

# The Trained Nurses' Association of India



## FINANCIAL GRANT APPLICATION FORM

|         | Piea   | ise t         | ICK 1   | the a  | pp   | rop  | oria  | te o | colı           | ımı  | n, C | )ne      | me   | ml  | oer (    | can  | apj   | ply      | onl      | y o      | ne    | at a | tın  | ne   |                |       |      |    |        |
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|         | Me     | dica          | l As    | ssista | anc  | æ*   |       | (    | Crit           | tica | 1 A  | ssis     | tan  | .ce | **       |      |       | Nı       | urse     | es V     | Vel   | fare | e Gı | ran  | <del>***</del> |       |      |    |        |
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| ۱.<br>آ | Nar    | ne o          | I th    | e ap   | рио  | can  | it IV | ır./ | IVIT           | S./  | IVIS | .:<br>   |      |     |          |      |       |          |          |          |       |      |      |      |                |       |      |    |        |
|         | г.     | ·N            |         |        |      |      |       |      | <i>(</i> : 1.1 | N    | r    | <u> </u> |      |     |          |      |       | <u> </u> |          |          |       |      |      |      | <u> </u>       |       |      |    |        |
| 2.      |        | t Nan<br>AI N |         | ber :  |      |      |       | IN   | Midd           | ne N | ame  |          |      |     |          |      |       | Sur      | nam      | 2        |       |      |      |      |                |       |      |    |        |
| 3.      | Nar    | ne o          | f the   | e Pat  | tier | nt N | ∕Ir., | /M   | rs./           | /M:  | s./1 | Mas      | ster | (If | oth      | er t | har   | n ap     | opli<br> | can      | ıt):  |      |      |      |                |       |      |    |        |
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| Fi      | rst Na | ime           |         |        |      |      |       |      |                |      |      |          | Mi   | ddl | e Na     | me   |       |          |          |          |       |      |      |      | Sur            | nam   | e    |    |        |
| 4.      | Age    |               | Year    | rs     |      |      |       |      | M              | lon  | ths  |          | 4.   | Se  | x        |      |       | N        | 1ale     | <u>.</u> |       |      |      | F    | em             | ale   |      |    |        |
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| 5.      | . Co   | rres          | pon     | den    | ce a | ado  | dres  | ss:  |                | ı    | ı    | 1        |      |     |          | ı    | 1     | 1        |          |          | ı     |      |      | 1    | 1              | 1     | 1    |    |        |
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| 6       | Con    | tact          | 20.     |        |      |      |       |      |                |      |      |          |      |     |          |      |       |          |          |          |       |      |      |      |                |       |      |    |        |
| 0.<br>[ | Mol    |               |         | ne     |      |      |       |      |                |      |      |          |      |     |          |      |       |          |          |          |       |      |      |      |                |       |      |    |        |
| -       | Res    | iden          | ice     |        |      |      |       |      |                |      |      |          |      |     |          |      |       |          |          |          |       |      |      |      |                |       |      |    |        |
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| <b></b> |        | F3 /1         | - N T/T | · DE   | T 4  |      | 0     |      |                |      |      |          |      |     |          |      |       |          |          |          |       |      |      |      |                |       |      |    |        |
| 11      | (EA    | IWI           | LIN I   | DE     | ΙA   | IIL: | 5     |      |                |      |      |          |      |     |          |      |       |          |          |          |       |      |      |      |                |       |      |    |        |
| 3       | Nar    | ne o          | f the   | е Но   | sp   | ital | :     |      |                |      |      |          |      |     |          |      |       |          |          |          |       |      |      |      |                |       |      |    |        |
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| 9       | Α. Ι   | Diag          | nosi    | is     |      |      |       |      |                |      |      |          |      |     |          |      |       |          |          |          |       |      |      |      |                |       |      |    |        |
| Г       |        |               |         |        | -    |      |       |      |                |      |      |          |      |     |          |      |       |          |          |          |       |      |      |      |                |       |      |    | $\neg$ |

**Moving ahead with Commitment and Dedication Since 1908** 

|             | tre   | Puration of Il<br>eatment taken<br>n Hospital: | -   | tment (                     | (Ment           | ion the j                              | perio           | d of    | filln                     | ess/                             | trea                          | ıtmeı                       | nt ar                | nd fi | rom v | vhom           | the |
|-------------|---|--|---|-----------------------------|-----------------|--|-----------------|---------|---------------------------|----------------------------------|-------------------------------|-----------------------------|----------------------|-------|-------|----------------|-----|
|             | C   | Outside the F                                  | Iospital:   |                             |                 |  |                 |         |                           |                                  |                               |                             |                      |       |       |                |     |
| 10          | . Trea  | tment*:  |   |                             |                 |  |                 |         |                           |                                  |                               |                             |                      |       |       |                |     |
|             |   |  |   |                             |                 |  |                 |         |                           |                                  |                               |                             |                      |       |       |                |     |
|             |   | ach a separat                                  | •   |                             | •               |  |                 | nt      |                           |                                  |                               |                             |                      |       |       |                |     |
| 11          | . Tota  | l cost of trea                                 | tment (estir  | mated/                      | incur           | red) (In                               | Rs.):           |         |                           |                                  |                               |                             |                      |       |       |                |     |
| 12          | . Fam   | ily/Personal                                   | contributio   | on (In R                    | Rs.):           |  |                 |         |                           |                                  |                               |                             |                      |       |       |                |     |
| 13          | . Med   | ical reimbur                                   | sement fron   | m Empl                      | loyer           | (In Rs.):                              |                 |         |                           |                                  |                               |                             |                      |       |       |                |     |
| - 4         |   | 16 11 1  | (I. D.)   | /3.5d                       |                 |  |                 |         |                           |                                  |                               |                             |                      |       |       |                |     |
| 14          | . Tota  | l family inco                                  | me (In Rs.)   | / Monti                     | n               |  |                 |         |                           |                                  |                               |                             |                      |       |       |                |     |
| 15          | . Fam   | ily Details:                                   |   |                             |                 |  |                 |         |                           |                                  |                               |                             |                      |       |       |                |     |
|             |   |  |   |                             |                 |  |                 |         |                           |                                  |                               |                             |                      |       |       |                |     |
|             | #   |  | e of Family<br>Iembers                              | 7                           |                 | tionshi<br>patient                     | p               | Age     | •                         | C                                | ccu                           | patio                       | on                   |       |       | onthly<br>come | 7   |
|             | 1.  |  |   | 7                           |                 |  | p               | Age     | !                         | C                                | ccu                           | patio                       | on                   |       |       |                | 7   |
|             |   |  |   | 7                           |                 |  | p               | Age     | •                         | C                                | )ccu                          | patio                       | on                   |       |       |                | 7   |
|             | 1.<br>2.                                      |  |   | 7                           |                 |  | p A             | Age     |                           | C                                | Occu                          | patio                       | on                   |       |       |                | 7   |
|             | 1. 2. 3. 4. * If you                          | M. don't have spa                              | lembers   | ve table, j                 | please          | patient                                | etails i        | n an    | addi                      | tional                           | shee                          | et.                         |                      |       |       |                |     |
|             | 1. 2. 3. 4. * If you betails                  | don't have sparegarding <b>fi</b>              | lembers  nce in the above                           | ve table, j                 | please          | patient add the de ht from             | etails i        | n an    | addi<br>GO,               | tional<br>/orga<br>sanc          | shee                          | et.<br>ation                | ns:                  |       | Consi | dered          |     |
|             | 1. 2. 3. 4. * If you                          | don't have sparegarding <b>fi</b>              | lembers   | ve table, j                 | please          | patient  add the de                    | etails i        | n an    | addi<br>GO,               | tional<br>/orga<br>sanc          | shee                          | et.<br>ation                | ns:                  |       | In    | dered          |     |
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**Moving ahead with Commitment and Dedication Since 1908** 

### Documents checklist (photocopies / scans):

#### **MANDATORY DOCUMENTS:**

- 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**

- 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.

# **Certification by the TNAI State Branch Executive**

| 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:

