

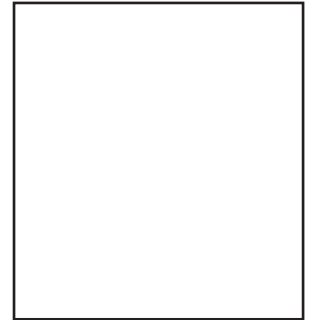
Date.....

Application Number : .....



# NAVJEEVAN CHARITABLE SOCIETY for Integral Development

Diocese of Jalandhar  
(Regd. Act. XXI of 1860 Reg. No. 94/2008-09)  
Plot No. 256-257, Karol Bagh, Jalandhar. Ph. 0181-241425  
E-Mail Id :- [navjeevancharitablesociety@gmail.com](mailto:navjeevancharitablesociety@gmail.com)  
Website:- [www.navjeevanjalandhar.org](http://www.navjeevanjalandhar.org)



## Application form for Medical Assistance 2019-2020

### Details of the Applicant:

Name of the Applicant :.....  
Father's Name :.....  
Mother's Name :.....  
Husband's Name :.....  
Residence/Village :.....  
City / Parish :.....  
District :.....  
Contact Number :.....  
Disease/Reason :.....  
Total Bill Amount :.....

### Mandatory Documents

1. Original Bills from the Hospital
2. Copy of the Bank Account
3. One Passport size photo

### Bank details of the Applicant

Name of the Bank Holder :.....  
Name of the Bank :.....  
Account Number :.....  
IFSC Code :.....  
Branch Name :.....

**Recommended By**

Signature of the Applicant :.....

.....  
.....

Seal:.....

### For office Purpose only

Amount Sanctioned by the Authority :.....  
Cheque Number :.....  
Date of Issuing the Medical Assistance :.....  
Signature of the coordinator :.....  
Signature of the Director :.....

