



ALIMAAN CHARITABLE TRUST

Sarparast: Hazrat Naeb-e-Imam Ayatullah Al-Uzma Aqe Saiyed Ali Al Husaini Seestani (D.Z.)

Founder: Hujjatul Islam Saiyed Mohammed Al-Musawi (D.Z.)

Najafi House, 159, Nishanpada Road, Mumbai - 400 009. Tel: 23436353 / 23433295.

Fax: 23438703. E-mail: medicare@alimaan.org

Two
Passport Size
Photo

Life Saver Medical Aid Form

Name of Patient: _____ Age: _____

Son / Daughter / Wife of: _____ Sayed: Yes / No.

Family Members: _____ Family Income: _____ Occupation: _____

Address (Complete): _____

Telephone No.: _____

Nature of Disease: _____ Period of Sickness: _____

Name of Treating Doctor / Hospital: _____

Type of Treatment (Medication / Dialysis / Operation): _____

Total Expense of Treatment (with detail break-up) Rs. _____

Can arrange from other source: Rs. _____

Medical aid required from Najafi House: Rs. _____

Any Mediclaim Policy: Yes / No. If Yes: Amount: _____

Note:1. Please submit certificate from treating Doctor from Government Hospital stating Nature of disease, type of treatment and Approx. Expense with detailed break-up.

2. We do not aid for treatment in Private Hospital / Nursing Home.

3. Please justify if treatment is not undertaken in Government Hospital: _____

4. Please specify Name of Hospital in favour of which the Aid to be remitted: _____

5. Photographs for female patients (with Hijab).

6. Enclose copy of Ration Card / Proof of Residence.

7. Incompleted forms will not be accepted / replied or returned.

Cheque to be remitted in the name of: _____

(Recommended & Attested by)

(Peshnamaz of your area)

Name & Signature: _____

Address: _____

Applicant's signature: _____

Date: _____

Tele No.: _____ Date: _____

(For Office use only)

Date of receiving application: _____ Receiver: _____

Remarks: _____