



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: 23406353 / 23403295

General 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 / Investigation / Operation): _____

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

Can arrange from other source: Rs. _____

Medical aid required from Najafi House: Rs. _____

- Note:
1. Please attach copy of all related medical documents.
 2. For Medications and Investigations, please submit copy of Doctor's Prescription.
 3. For Surgery, please submit certificate from operating Surgeon from Government Hospital, stating Nature of disease, Type of Treatment and Approx. expense with detailed break-up.
 4. We do not aid for treatment in Private Hospital / Nursing Home.
 5. Please justify if patient is not treated / not to be treated in Government Hospital.
 6. Enclose copy of Ration Card / Proof of Residence.
 7. Incomplete form will not be accepted / replied or returned.

Cheque to be remitted in favour of (Name with Account No.) _____

(Recommended & Attested by)

(Peshnamaz of your area)

Name & Signature: _____

Address: _____

Tele No.: _____ Date: _____

Applicant's signature: _____

Date: _____

(For Office use only)

