

Date:

Patient data form for 2024

Patient Details

Updated: September/2024

Patient Name:					
Profession:		Age:			
Location:		Village:			
Aadhar Card No:					
Type of Disease:					
Name of Hospital:					
Patient Admitted:	Yes / No -				
	Doctors Opinion				
1st Opinion Dr Name:					
Hospital Name:					
2nd Opinion Dr Name:					
Hospital Name:					
Family and responsible persons details					
Responsible person name:					
Relation with patient:					
Contact No:					
No. of family members:					
Total family Income:					
House details:	Rented / Owned -				
Required Documents					
1) Estimated operation cost from two Doctors.					
2) Current hospital bill.					
3) Aadhar card photocopy.					

Hospitals Bank Details				
Account Name:				
Bank Name:		Bank Branch Code:		
Bank Account No:		Bank IFS Code:		

Fund details and Declaration form

- 1) I certify that the information on the application form I submitted are true and accurate.
- 2) I agree that any false or misleading information will result in a rejection & expulsion of the for
- 3) I certify that I will follow all rules, processes & will accept any decision made by the committee

4) Patient authorises Chilya Care Foundation to pay hospital bills directly on their behalf.

Total Estimated Amount:	
Type of Amount required:	Zakat / Lillah -
Patient name:	
Patient Signature:	
	Patient signature is compulsory

Approval and Guarantor				
Approval Mufti Name:		Contact No:		
Village Guarantor Name:		Contact No:		
Area Coordinator Name:		Contact No:		

Criteria, Terms and Condition

- 1) We will assist Upto 35% of the total case value.
- 2) A person's assistance will not be repeated for at least a year for the entire family.
- 3) Will only assist with the current case.
- 4) The funds will be deposited straight into the hospital's bank account.
- 5) The hospital chosen for ultimate treatment must be authorized by our team of doctors.
- 6) Will be given priority on a first-come, first-served basis.
- 7) No help will be given for Medicine, Reports, or Treatment charges.
- 8) Has to chose a hospital from the list of hospitals we have for each Treatment.
- 9) Must be residing at Mumbai, Thane and Palghar District.

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