



MISSIONARY UPHOLDERS TRUST

Civil Supplies Godown Street, Kamalatchipuram, Vellore-632 002

MUT REG.No. 1669/1993 Tel No. 0416 -2260368, 6533187

E-mail: medical@mutindia.org / mut.medical@gmail.com

APPLICATION FORM FOR FINANCIAL ASSISTANCE FOR MEDICAL TREATMENT

- Kindly fill all the columns for quick processing
- Xerox copies of supporting bills, Discharge summary or Doctors report must be attached.
(Send within 3 months)
- Please send the application to the above address through your Organization.
- Please fill separate forms for each person.

1. Name of Applicant.....Age: Gender: Male Female
(As registered with IMPACT)

Field Address:

Organization Address:

Designation / field of work:

2. Mobile No: e-mail:

3. IMPACT NO:

4. Have you done Master Health Checkup (MHC)? YES / NO

5. If Yes, A) Date: B) Hospital:

C) Findings:

6. Marital Status : Married Unmarried

7. Occupation of Spouse:

A) Monthly Income: ₹

B) Medical Allowance: ₹

8. Name for whom the help is sought(Tick): SELF WIFE HUSBAND SON DAUGHTER
(If unmarried) DEPENDENT FATHER DEPENDENT MOTHER

A) Name :

B) Age:

9. Brief nature of illness:.....
(Doctor's certificate MUST be attached with every application)

10. DETAILS OF EXPENSES : (Attach list of bills Xerox copy with date & Total)

Hospital Bill : ₹

Medicines : ₹

Investigations : ₹

TOTAL EXPENSES : ₹

(Should tally with the list)

11. Advance / Financial help given by organization for this particular problem: ₹

12. a) Your Bank: SBI ICICI Andhra Bank Indian Bank

If other bank please mention

b) Name in Bank as per the Pass Book

c) Name of Branch (c) Branch Code:

d) Your Bank computerized Account No.

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e) IFS Code Number:

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f) If you do not have bank account give organization bank details:

g) Please attach Xerox Copy of Bank Pass Book First Page

Signature of Applicant

Date:

FORWARDING NOTE BY THE MISSION ORGANISATION

MUT Scheme Contribution paid up to month / year

Recommendation:

**Signature & Stamp of the mission organization's
Authorized Signatory with Name**

Date:

PLEASE NOTE:

- (1)The members are expected to avail treatment in Mission Hospitals wherever possible. Opt for inexpensive treatment as far as possible.
- (2)Categorisation and amount sanctioned is decided by the medical team as per norms.

GOD BLESS YOU

For MUT Office use only

Sanctioned by

Approved by

Date:

Date: