

FORM - A

Form Sl.No.....
Code No.....

Signature of the Issuing Officer

Read Instruction carefully

**GOVERNMENT OF MANIPUR
DIRECTORATE OF MINORITIES AND OTHER BACKWAD CLASSES
GOVERNOR ROAD: IMPHAL**

Form Sl.No.....

(Application Form for Grant of Financial Assistance under Health Scheme for
Minorities & OBC Patients for the year 2010-2011)

*Attach 1 passport
photo duly
attested by a
Gazetted Officer*

To
The Director,
Minorities & Other Backward Classes,
Government of Manipur,

Sir,
I have the honour to submit this form along with the relevant documents/certificate (as per Part-I of the rule) for onward examination and necessary recommendation of the Medical Board, Minorities and OBCs.

Further, I hereby also agreed to abide by the rules and regulations and decisions of the Board.

BIO-DATA OF PATIENT

- 1. Name of patient* :
- 2. Father's/Husband's/Mother's name :
- 3. Full address :
- 4. P.O: P.S
- 5. District :
- 6. Electoral Sl.No. Polling Station No. House No. :

*Physically challenged person(s) should enclose relevant documents(s)

Enclosures:

- 1.
- 2.
- 3.
- 4.

5. Compulsory Voter Identity Card

Signature of the Patientt

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3. Full address :
4. P.O : P.S :
5. District :
6. Electoral Sl. No..... Polling Station No..... House No.....
7. Name of Constituency :

Date:

Signature of the Receiver

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**FORM OF MEDICAL CERTIFICATE FOR GRANT OF FINANCIAL ASSISTANCE
FOR MEDICAL TRESTMENT OF POOR MINORITIES AND OBC PATIENTS**

(To be filled by concerned Doctor)

Ref. No.....

Dated:

I, Dr.have thoroughly examined
Shri/Smt/Kmaged aboutyears
.....district under (Hospital, Ward No
.....and Bed NoEtc. if admitted)

And to the best of my clinical/pathological assessment he/she is diagnosed as a case of
.....
.....(please mention further treatment suggested and reasons if referred outside and nature
of treatment given if it is treated cases).

Disease as per my assessment is a – (√)

1. Minor

3. Major

2. Moderate

4. Terminal

Countersigned of CMO/MOD
Superintendent of the Hospital

Signature of the Doctor

Full Name :

Designation :

Registration No. :

Seal :