



# SHRI KUTCHHI VISA OSWAL SEVA SAMAJ

[TRUST REG. NO. F. 3064(MUM)]  
99/101,C.V.O.D. Mahajan Wadi, 3rd Floor,  
Keshavji Naik Road,Chinch Bunder,Mumbai-400 009  
Ph.: 23714674/23773032 E-mail : ksevasamaj@gmail.com  
Website: www.kvoss.org  
PAN No.:AAATS 0288 A

## Application Form For Medical Relief

### PERSONAL PROFILE

Unique User Id	First Name
Surname	Spouse Name
Father First Name	GrandFather First Name
Marital Status (Single/Married)	Father In Law Name
GrandFather In Law Name	Gender (male/female)
Email Id	Date of birth
Mobile	Res. Phone
Country	State
Business Type(Business/Service/Student)	Area
Pincode	Village
Address	

### FAMILY RELATIONSHIPS

Name	Age	Relation Type	Yearly Income	Qualification

### OTHER INFORMATION

1. History of illness

Ans.

2. From when you have illness

Ans.

3. Name of the doctor who is treating you

Ans.

4. Phone no. of doctor

Ans.

5. Hospital name

Ans.

6. Are you a member of Sanjeevani through KVOSS Yes/No?

Ans.

7. If Yes then from which year/month:

Ans.

8. Membership No.

Ans.

9. Is there is any other medical policy you have then give details.

Ans.

10. How much amount of policy

Ans.

11. From Sanjeevani policy or from other mediclaim how much amount is sanctioned for illness?

Ans.

12. Yearly salary of the patient

Ans.

13. How many members are working in the family?

Ans.

14. Yearly income of family

Ans.

15. How many family members

Ans.

16. Have you or your family ever applied for medical relief from kvoss(year and amount if you have applied before and name of person)

Ans.

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## **DETAILS OF MEDICAL RELIEF**

1. Doctor fee

Ans.

2. Hospital bill

Ans.

3. X-Ray or other reports bill

Ans.

4. Laboratory fee

Ans.

5. Medicine expenses

Ans.

6. Other fee (related to medical relief only)

Ans.

7. Total fee

Ans.

8. Total amount required for Medical Relief from kvoss

Ans.

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## **DOCUMENTS REQUIRED**

Bring illness certificate from doctor and other reports also.

Attach hospital discharge card and medical prescriptions (doctor certificate) also

Xerox of checkup report

Attach original bills of all expenses

Bank details of patient or cheque will be given in name of other family members

Xerox of Mediclaim/Sanjeevani policy.

The above document information should be true. Otherwise form will be rejected.

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**Name, rubber stamp, signature and phone number of native place Mahajan**

Is there is any seva samaj giving medical loan? YES/NO

If YES, Details of seva samaj

Or

Rubber stamp and signature of KVO of your area

On behalf of patient, Name of the person who takes loan (bank account compulsory)

Relationship with patient

I received a cheque of Rs. \_\_\_\_\_ on my name.

**Signature of the person who is receiving  
cheque**

**Date**

**LOAN DISBURSEMENT DETAILS (TO BE FILLED BY KVO OFFICIALS)**

<b>Inward no.</b>	
<b>Form Accepted / Rejected</b>	
<b>Reference By (Write NONE if no reference)</b>	
<b>Loan Amount Sanctioned</b>	
<b>Description/Comments</b>	
<b>Name of members present in meeting</b>	<b>Signature</b>
1.	
2.	
3.	
4.	
5.	
<b>Convener Signature</b>	<b>Secretary/Treasurer Signature</b>

**OFFICE USE ONLY**

<b>Cheque No</b>
<b>Cheque Drawn Date</b>