

LIFELINE FUND



DR K & T KEDITSU
FOUNDATION

RS. 5000/-

Name & signature of Doctor with seal

Name & signature of Medical Superintendant with seal

LIFELINE FUND APPLICATION FORM

To be filled by Medical Doctor

PATIENT DETAILS:

1. Patient First name _____ Last name _____
2. Age: _____ Male Female Tribe: _____
3. Address: _____
4. Contact number 1: _____ Contact number 2: _____
(Patient will be contacted once the funds have been transferred to the hospital account)
5. Suffering from (disease/medical condition): _____

DOCTOR AND HOSPITAL DETAILS:

1. Name of Medical superintendent of Hospital: _____
Contact number: _____ Email address: _____
2. Name of treating doctor: _____ Designation: _____
Contact number: _____ Email address: _____
3. Name of Hospital/Institution: _____
Address of Hospital: _____
4. Account details of the hospital:
Name: _____ Account number: _____
Bank Name: _____ Branch: _____
IFSC code: _____