**APPLICATION FOR MEDICAL ASSISTANCE**

**This application must be filled completely; all fields indicated with an \* require valid attachments**

**A. APPLICANT’s DETAILS:**

|  |
| --- |
| For office Use |
| Received | Verified |
|  |  |

1. Name in Full ………………………………………………………………………………………………..
2. Date of Birth: …………………………… Age …………..Yrs …….. Mths Male/Female
3. Marital Status: Married / Un-married / Separated / Widowed
4. Residential Address: …………………………………………………………………………………….

……………………………………………………………………………………………………………………

1. Mob Phone No ………………… Land Line No ………..…….. Email ID ………..……………
2. Family Members:

Name Age Relationship Employment Details Monthly Salary

* 1. ……………………………………………………………………………………………………
	2. ……………………………………………………………………………………………………
	3. ……………………………………………………………………………………………………
1. \*Current Status: Student / Employed / Un-employed / Retired
2. \*Employment Details:
	1. Employer’s Name, Address: ……………………………………………………………… …………………………………………………………………………………………………………
	2. Tel No: ………………………….. Email ID: ……………………….……………………….
	3. Designation: ………………………………………………...…………………………………
	4. Net Monthly Salary: INR ……………………………..
	5. Employed Since: …………………………………………
	6. Health Insurance/ESI/Other Medical/Health Benefits Currently Available: …………………………………………………………………………………………
	7. Supervisor’s Name & Designation: …………………………………………………..
	8. Supervisor’s Tel No: …………………………..Email ID: ………………..……………

**B. \*DIAGNOSIS**

1. Nature of Illness: …………………………………………………………………………………………….
2. Treating Doctor: Name/Qualifications/Regn No with State Code: ……………………..

………………………………………………………………………………………………………………………

1. Mob Tel No: ………………………………………… Email ID: …………………………………………
2. Treating Hospital: Name/Address/ Hospital ID: ………………………………………………

………………………………………………………………………………………………………………………

1. Mob Tel No: ………………………………………… Email ID: …………………………………………
2. Is Treatment due to Injury
	1. If Yes whether Self Inflicted/Road/Traffic Accident
	2. Due to Substance Abuse
	3. Due to Alcohol Consumption
	4. Whether FIR Filed? FIR No. and Copy
	5. Whether Medico-Legal Case?
3. Any Special treatment Like Chemo- or Radiation-Therapy?
4. Any Surgical Treatment?
5. Any De-addiction/De-tox/Rehab Programme

**C. \*DETAILS OF EXPENSES**

1. Amount Spent INR: ……………………………….
2. Estimate of Additional Funds Required INR: ……………………………….
3. Quantum of Assistance Requested INR: ……………………………….

**D. \*SOURCE OF FUNDS**

|  |
| --- |
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|  |  |

1. Personal Sources INR: ……………………………….
2. Family’s Support INR: ……………………………….
3. Medical Insurance/Other Sources of financial assistance [Personal / Employer’s] INR: ……………………………….
4. Assistance Received from other Donors INR: ……………………………….
5. Assistance Received from Freemasons/Lodge/RGL in the past INR: ………………………

**E. DETAILS OF RELATIONSHIP, IF ANY, TO FREEMASONS**

1. NAME AND RANK: …………………………………………………………………….…..
2. LODGE NAME AND NO: ………………………………………………………………….
3. RELATIONSHIP: ……………………………………………………………………………

I certify that the application has been filled in by me in my own handwriting and that the information given herein are accurate and correct. I agree that if any of the details and/or any certificates or attachments in support of my application provided herein are later found to be inaccurate, the financial assistance provided to me may be withdrawn and I would reimburse the Regional Grand Lodge of Southern India Charitable Trust (RGL SI CT) the amount availed by me by way financial assistance from the RGL SI CT for providing false/inaccurate information/supporting documents. I further agree to abide by the Rules and Regulations in vogue from time to time of the RGL SI CT and that the decision of the RGL SI CT on sanction of financial support is final and no appeal will be made to review the same.

Place ……………………………………….. …………………………………………….

Date Signature of Applicant Signature of Parent / Guardian

CERTIFICATE AND UNDERTAKING FROM THE LODGE WHICH IS RECOMMENDING THE APPLICANT

We certify that …………………………………………………………, residing at ………………………… …………………………………………………………………………………………………………………………….. is a deserving individual to be considered for financial assistance by the RGL SI CT. All the information / documents / records submitted by the applicant have been verified and found true. If any of the details and/or any certificates or attachments in support of this application provided herein are later found to be inaccurate, RGL SI CT can take necessary action(s) to recover the financial assistance granted to the applicant and I hereby undertake to render all assistance and cooperation in this regard.

We also agree to contribute a sum of INR ………………. (INR…………………………………. ……………………………………) as the Lodge’s contribution towards assistance to this applicant.

Please find attached Cheque / DD No ……………….; Dated ……………….; Drawn on ………………………………………… ……………………………………………………… Bank/Branch for a sum of INR ……………………

Place ……………………………………….. ………………………………………………..

Date Worshipful Master Brother Secretary / Brother Treasurer

COUNTERSIGNED AND RECOMMENDED BY THE ARGM

Place ………………………………………..

Date ARGM

List of Attachments:

1.
2.
3.
4.