

ESTD. 1842



# SHREE GHOGHARI LOHANA MAHAJAN, MUMBAI

(PUBLIC TRUST REG. NO. A-1586-B)

Lohana Bhuvan, Paliram Road, Andheri (West), Mumbai - 400 058.

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INTEGRITY | INTELLECT | TRANSPARENCY



## HOSPITALISATION AID FORM

Form No. : \_\_\_\_\_

Membership No. : \_\_\_\_\_

### **Applicants Details :**

First Name : \_\_\_\_\_ Middle Name : \_\_\_\_\_ Surname : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Age : \_\_\_\_\_ Gender : \_\_\_\_\_

Residence Address : \_\_\_\_\_  
\_\_\_\_\_

Telephone No. : \_\_\_\_\_ Mobile No. : \_\_\_\_\_ Email ID (Self / Family Member) : \_\_\_\_\_

Occupation (Self Employed / Business / Employee) : \_\_\_\_\_

Occupation Address : \_\_\_\_\_

Telephone No. : \_\_\_\_\_ Mobile No. : \_\_\_\_\_ E-mail Id : \_\_\_\_\_

### **Family Details :**

Total No. of Members in the family : \_\_\_\_\_ Total Earning Members in the Family : \_\_\_\_\_

Total Monthly Income of Family (INR) : \_\_\_\_\_

S. No.	FULL NAME	AGE	OCCUPATION	MONTHLY INCOME	RELATIONSHIP
1.					
2.					
3.					
4.					
5.					
6.					

Are you or your family recipients of any other form of aid from SGLM? (Financial/ Medical/ Education/Food Distribution).  
(Please tick whichever applicable)

Have you taken any financial aid from any other trust or person for the current illness ? Y / N

Please mention amount (INR) \_\_\_\_\_ & name of the Trust or person from which aid is availed \_\_\_\_\_

\_\_\_\_\_ Telephone / mobile number of the trust and Contact person : \_\_\_\_\_

Do you have mediclaim policy ? Y / N \_\_\_\_\_ If yes, what is the cover amount of your individual or family policy.

Are you interested in part paying for a mediclaim policy through Mahajanshree : Y / N

### **Reference from any 1 community / committee Member.**

I the undersigned hereby certify that I know the applicant for \_\_\_\_\_ years and that the above and enclosed information is accurate to the best of my knowledge. I further certify that he/she is eligible the aforesaid grant.

Name : \_\_\_\_\_

Signature : \_\_\_\_\_

Telephone / Mobile : \_\_\_\_\_

Membership Number if known : \_\_\_\_\_

**Part II**

Do you suffer from any of the following :

Diabetes	: Y / N	Blood Pressure	: Y / N
Kidney Disease	: Y / N	Thyroid	: Y / N
Heart Disease	: Y / N		

Reason for Hospitalisation: \_\_\_\_\_

Where was the treatment Availed: Private nursing home / private hospital / Trust hospital / Government Hospital

Address of the Hospital : \_\_\_\_\_

\_\_\_\_\_ Telephone No : \_\_\_\_\_

Name of the Treating Doctor : \_\_\_\_\_

**Please attach the following with your application (in originals)**

**Medical enclosures**

- A Summary sheet of your expenses (ie Total claim amount- INR)
- Doctors Consultation prescriptions, Original discharge card from the hospital, Original bills (hospital, chemist, diagnosis)
- Original test reports

**General Enclosures required with application (These will be required to be submitted only once at for all applicants)**

- Last 3 months electric bills, Last 3 months mobile bills, Last 3 months Society maintenance bills/ rent receipts.
- Last F.Y. year's Salary certificates of earning members or Income tax return if available.
- Bank Account details (please submit an original cancelled cheque copy along with it).

**Please note the following**

- Please fill the form carefully and attach all documents mentioned failing which the application may not get due consideration.
- No pre and post hospitalization bills will be sanctioned.
- No disbursements allowed for dental treatment.
- No disbursements allowed for pregnancy & maternity care (delivery charges).
- Please submit applications within 1 month of the treatment availed.
- The final approving authority remains with the medical committee / office bearers of the Mahajanshree.
- The above information is collected solely with a purpose to provide aid & benefits to the applicant member.
- You can courier the duly completed form with attachments at the address mentioned above or email them to secretary@sglm.in

Name : \_\_\_\_\_ Relationship : \_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**For SGLM office use only**

Received on date & by : \_\_\_\_\_ Reviewed on : \_\_\_\_\_ Reviewed by : \_\_\_\_\_

Sanctioned Amount : \_\_\_\_\_ Sanctioned by : \_\_\_\_\_

Signature (1) \_\_\_\_\_ Signature (2) \_\_\_\_\_