



# NADAR FOUNDATION (REGD.)

Near City Gate, V.P.O. – Gill, Ludhiana  
Contact: 9872536035, 9914807647 Email- [nadarfoundation@gmail.com](mailto:nadarfoundation@gmail.com)  
[www.nadarfoundationldh.org](http://www.nadarfoundationldh.org)

## Sponsorship Form for Financial Assistance (Medical Treatment)

Name of Patient (Capital Letters) : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Mother's Name : \_\_\_\_\_

Permanent Address : \_\_\_\_\_  
\_\_\_\_\_

Correspondence Address : \_\_\_\_\_  
\_\_\_\_\_

Paste Self  
attested  
passport size  
photograph  
here. Please  
don't staple

Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_ Email ID: \_\_\_\_\_

Contact No. \_\_\_\_\_ Parent's Contact No. \_\_\_\_\_

Name of Hospital: \_\_\_\_\_

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

Name, Contact No. & Email (Hospital/Doctor/Head Nurse) : \_\_\_\_\_  
\_\_\_\_\_

Type of Disease/Problem: \_\_\_\_\_  
\_\_\_\_\_

Amount Paid (4 Recent Bills) :

S.No.	Hospital Bills/Medicines	Amount	Remarks (if any)

Father's Profession \_\_\_\_\_ Income (p.a) \_\_\_\_\_

Mother's Profession \_\_\_\_\_ Income (p.a) \_\_\_\_\_

Brothers/Sisters (Living with parents) Details

Name                      Age              Class              Tuition Fee              if working (Profession and income)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Annual Family Income (from all sources) \_\_\_\_\_

Receiving financial assistantship from any other source (Yes/No) \_\_\_\_\_

If yes, specify Amount, Source, Address and contact:

I hereby declare and affirm that the information provided above by me is correct and no material information has been withheld / concealed. In case of any wrong information provided, legal action should be taken against me.

Signature of Family Member

Name \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Checklist**

S. No.	Check list point	Yes/ No
1.	Photographs (2) – One affixed on form and one more	
2	Income proof	
3	Photocopies of Hospital Bills and medicine receipts paid	

**For Office Use Only**

Eligible / Not Eligible \_\_\_\_\_ Amount Approved (₹) \_\_\_\_\_

Cheque No. \_\_\_\_\_

President

Treasure

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_