ಬೆಂಗಳೂರು ಸ್ನೇಹಿತರು ®
BENFA.ORG
BENGALURU FRIENDS ALLIANCE
BENFA CHARITABLE TRUST
www.benfa.org 9611834443 contact@benfa.org

CLEAR
RECENT PHOTO
OF THE PATIENT

BHCP FINANCIAL AID FOR HOSPITAL PATIENT APPLICATION FORM

General Instructions To Apply For BHCP Financial Aid

1) This is just an application not an approval.

2) Duly filled Application form & Required Documents as Mentioned below are must if any Document Is Missing Application Form will not be forwarded.

3) Application form with required documents shall be accepted through e-mail contact@benfa.org only.

4) Retain this application after filling and E-mail to produce at the BENFA Office.

5) Fill the application for in English Capital Letters.

REQUIRED DOCUMENTS

1) Filled Application Form
2) Request letter from hospital on letterhead with official sign & stamp, addressing to BENFA CHARITABLE TRUST, BENGALURU.
3) Aadhaar Card of the patient
4) BPL Card Copy / Ration Card
5) BHCP Committee can ask for any other required documents

Patient Details:

Full Name	
Guardian Name	
Date Of Birth	Place Of Birth :
Mobile (1)	Mobile(2) :
E-mail ID	
Present Address	
Diagnosis	
Hospital Name & Address	
Department	
Consulting Doctor	

Family Details:

RELATION	NAME	AGE	OCCUPATION	EARNINGS	REMARKS

BHCP COMMITTEE RESERVES RIGHTS TO REJECT OR ACCEPT THE APPLICATION

BHCP COMMITTEE RESERVS RIGHTS TO DECIDE THE AMOUNT OF DONATION

Name of the Guardian:

Signature of the Guardian:

Relationship with the Patient: