



Regd. No. E-28332 (Mumbai)
No. CIT(E)/80G/591(2014-15)/2016-17
FORM NO _____



HAJI AMIN GADAWALA FOUNDATION TRUST

ESTD : 2010

Haji Amin Gadawala Foundation Trust
A-501/502 Leo Apts, Kohinoor Niwas,
24th Road, Off Linking Road,
Khar (West),
Mumbai – 400 052
Fax No : +91 22 2605 5911
Email: hagftrust@gmail.com
Web- hajiamingadawalatrust.org.in

Medical Aid Form [Zakat Fund]

Date : _____

**PP Size
Photograph of
Patient**

FOR OFFICE USE ONLY

Date of issue _____ Date of receipt _____
Sanctioned Rs. _____ Date _____
Remarks _____
Sign. _____

Name of the Patient:

First Name Fathers/Husband Name Surname Address

Contact No : _____ Age of the Patient _____

Total family Income _____ Occupation _____ No of family members _____

(to be supported by documentary evidence)

Medical Treatment for which help is required _____

Name of the Hospital where Treatment Done _____

Name of the Jamat / reference of the Person _____

Details of Help received / applied to other organizations

<u>SN</u>	<u>Name of Organization</u>	<u>Amt Sanctioned</u>
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____

Applicant Signature: _____

Date: _____

PTO

HOSPITAL / DOCTOR RECOMMENDATION

Name of Doctor _____

Address _____ Mobile _____

Name of Hospital _____

Address _____

Tel no _____ Fax No _____ Email _____

Name & details of disease for which operation is required : _____

Cost of Treatment with full details :

Cheque / DD in favor of (Hospital Name Only) _____

Doctors signature _____ Hospital Seal / Stamp _____

LOCAL JAMAT / REFERENCE & RECOMMENDATION

We are Properly Known this patient Mr./Mrs.

Name of the Jamat / References. _____

Address _____

_____ Tel. No _____

Signature & Stamp of the Jamat

(To be signed by the President or Secretary of the Jamat)

Name of the Signatory : _____ Mobile No _____

TERMS & CONDITIONS

- 1) Please attach true copies of patients photo ID, Ration card, residence proof & Hospital Estimate / Cost Certificate along with this duly filled application form.
- 2) Medical Aid cheque will be issued in favour of Hospital Name only, in any circumstances cheque will not be issued in favor of patient name, Jamat name or in favor of Doctor or his / her private consulting concerns
- 3) Our Medical Aid committees decision will remain final & binding to all .