

**PROFORMA-cum-REQUISITION  
FOR SEEKING FINANCIAL ASSISTANCE  
FOR MEDICAL TREATMENT/EXGRATIA UNDER  
“CHIEF MINISTER’S RELIEF FUND”**

Latest Photo

To

The Hon’ble Chief Minister,  
Govt. of Andhra Pradesh,  
Hyderabad.

01. Name of the Patient/Beneficiary (with Surname) : \_\_\_\_\_
02. Father’s/Husband’s Name : \_\_\_\_\_
03. Age : \_\_\_\_\_
04. Permanent Address:
- H.No. : \_\_\_\_\_
- Street/Village : \_\_\_\_\_
- Mandal : \_\_\_\_\_
- District : \_\_\_\_\_
- Pin Code : \_\_\_\_\_
- Phone No. (if any) : \_\_\_\_\_
05. Address for Correspondence:
- H.No. : \_\_\_\_\_
- Street/Village : \_\_\_\_\_
- Mandal : \_\_\_\_\_
- District : \_\_\_\_\_
- Pin Code : \_\_\_\_\_
- Phone No. (if any) : \_\_\_\_\_
06. Name of the Disease/Purpose for seeking exgratia/financial assistance : \_\_\_\_\_
07. Name & Address of Hospital with Phone & Fax Number : \_\_\_\_\_  
\_\_\_\_\_
08. Date of Surgery/Operation : \_\_\_\_\_
09. Estimated/Requested Amount (Hospital estimation in ORIGINAL to be enclosed) : \_\_\_\_\_
10. Whether any amount was sanctioned under CMRF or from any other source : Source \_\_\_\_\_ Amount:Rs.
11. Ration Card/Income Certificate : \_\_\_\_\_

The above information given by me is true and correct as per my knowledge and I request you to sanction financial assistance under CMRF.

Yours faithfully

Place:

Date:

SIGNATURE OF THE PATIENT

Enclosures:

1. Hospital Estimate in original
2. Copy of White Ration Card/Income certificate issued by the MRO.