

**APPLICATION FORM FOR FINANCIAL ASSISTANCE FROM THE CHARTERED
ACCOUNTANTS' BENEVOLENT FUND FOR MEDICAL TREATMENT**

The Managing Committee
The Chartered Accountants' Benevolent Fund
C/O the Institute of Chartered Accountants of India
ICAI Bhawan, Plot No. A-29, Sector-62
NOIDA – 201 309.

Dear Sir,

I am a member of the Institute and request the Chartered Accountants' Benevolent Fund for grant of financial assistance required for medical treatment of myself/my..... Due to financial hardship, I am unable to pay expenses on medical treatment and require financial aid from Chartered Accountants' Benevolent Fund. Kindly consider granting me medical assistance by reimbursing medical bills to the hospital concerned for the treatment availed. I submit below following particulars for your consideration:

Part A

1		Name of the Member:	
2		Membership No.	
3		Present full Address	
4		Contact Number/Mobile Number	
5		Email ID	
6	(i)	If member is in practice Date of starting practice	Yes / No
	(ii)	The name and address of the firm(s)	
7	(i)	If the member is in Employment	Yes / No
	(ii)	Name of the Employer & Address	
	(iii)	Salary last drawn (attach the salary slip / certificate)	
	(iv)	Benefits, such as Life Insurance, Provident Fund, Gratuity, Pension etc.	
	(v)	Whether patient is covered under Medical Insurance (attach the medical insurance certificate)	Yes/No
8		Liquid Assets held in personal name.	
9		Current total monthly income from all Sources (with proof)	

Part B

1.	(a)	Nature of Disease	
	(b)	Whether Disease for which advance is sought	

		is covered by any hospitalization Scheme	
	(c)	Estimated amount of expenditure on treatment supported by medical report & bills, which is beyond benefits received from Medical Insurance Scheme.	
	(d)	Name of the Hospital where the treatment is undertaken/proposed	
	(e)	Source of medical expenditure if already incurred	
	(f)	Amount of Financial Assistant sought from the Fund towards medical reimbursement.	
2		Any other particulars or details that the applicant may wish to provide.	

NEFT Details:

Sr. No.	Particulars	Details
1	Name of Bank	
2	Address of the Bank	
3	Account Number	
4	IFS code	
5	Name of the Account holder/beneficiary	
6	Pan number of the beneficiary	
7	Email ID	
8	Mobile number	
9	Landline number	

I enclose following documents in support of request for grant of Medical Assistance.

- 1. Copy of Diagnosis**
- 2. Medical Report & Original bills of Hospital**
- 3. Report of Medical Examination**
- 4. Certificate from insurance company, if covered under medical Insurance**

Write justification for request to avail medical reimbursement:

I declare that information provided above is true to best of my knowledge. I confirm that I am claiming it for the first time and in past, I did not avail any financial assistance from any wing of the Institute for this purpose. I owe full responsibility to return it if information provided above by me are found false to the fact at any point of time.

Yours faithfully,

Place:
Date:

Signature:
Name _____
Membership No. _____

Grant of financial assistance for treatment will be considered only in the case of diseases or ailments prescribed below:-

1. Cancer
2. Disease or ailment of the heart, blood, lymph glands, bone marrow, respiratory system, central nervous system, liver, gall bladder, digestive system, endocrine glands, requiring surgical operation.
3. Open and close heart surgery
4. Fracture in any part of the skeletal system or dislocation of vertebrae requiring surgical operation or orthopedic treatment.
5. Neurosurgery, kidney transplant and dialysis.

RECOMMENDATION

*Recommendation of the Central Council Member/Chairman/Vice-Chairman/Secretary of the Regional Council or Branch of the Regional Council/Ex-President/Chairman/Vice-Chairman and Member Secretary/Member of Managing Committee of CABF /Member of Managing Committee of Regional Council.

I have gone through the particulars in the application form which has been filled in completely and the particulars stated therein are prima facie correct. In my opinion, it is a deserving case and financial assistance from the Chartered Accountants' Benevolent Fund may be sanctioned as per the guidelines”

Telephone No. _____

Signature _____

Mobile No. _____

Name _____

Email id. _____

Membership No. _____

Place: _____

Address/Rubber Stamp _____

Date: _____

*Strike out which not applicable.