



Gram : MEMON INDIA Regd. No. F-4564 (Mumbai)

All India Memon Jamat Federation

ઓલ ઇન્ડીયા મેમન જમાત ફેડરેશન

ESTD : 1971

બેગ મોહમદ પાર્ક (મોહમદ અલી રોડ)
નારાયણ ધુરુ સ્ટ્રીટ, મુંબઈ - ૪૦૦૦૦૩.
ફોન : ૦૨૨-૨૩૪૧૨૨૮૪ ફેક્સ : ૨૩૪૩૯૨૫૭
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Medical Aid Form (Only for Surgeries) [Zakat Fund]

No.:

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 Operation for which help is required _____

Name of the Hospital where operation will be done _____

Name of the Jamat to which patient belongs to _____

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 operation with full details : _____

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

Doctors signature _____ Hospital Seal / Stamp _____

LOCAL MEMON JAMAT RECOMMENDATION

We certify that this patient Mr./Mrs. _____

is a member of our Jamat & he/she deserves Medical Aid

Name of the Jamat _____

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) Medical aid will be given only for operations (Major or Minor)
- 2) Medical Expense reimbursement will not be entertained i.e. No Medical Aid will be given after patient is discharged from the Hospital
- 3) AIMJF will grant only part of the operation charges as per AIMJF criteria.
- 4) No Medical Aid will be given for Medicine, Report or Hospitalization for Treatment Charges.
- 5) **Please attach true copies of patients photo ID, Ration card, residence proof & Hospital Estimate / Cost Certificate alongwith this duly filled application form.**
- 6) 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
- 7) Our Medical Aid committees decision will remain final & binding to all