

Application Form of Journalist's Medical Welfare Scheme for Dependent Members

1. Name of the Journalist: (Block Letter).....
2. Name of Dependent Member: (Block Letter)
Relationship with the Journalist:Gender: Male/Female
Date of Birth of Dependent Member:Age as on 01.01.2021:
3. Address:
.....
PO: PS:
District: PIN:
4. Whether Journalist is State/Central/Semi Government/Undertaking/Board employee:
Yes or No :
5. Name of Media House:
6. Designation:
7. Press Card issued by authority (Enclosed) Valid upto:
8. DIPR issued Press Card No. (Enclosed) Valid upto:
9. Name of the Disease suffering from:
.....
10. Brief Summary of the Diagnosis and Treatment:
.....
.....
.....
.....
.....
11. Medical Documents to be attached (Give tick mark):
Admission Certificate: Discharge Certificate: Prescriptions:
Bills/Vouchers: Clinical Reports: If others,
specify:.....
12. Total Expenditure Incurred during the treatment: Rs.
(Enter details on the next page)
13. Total Amount Claimed by the Applicant: Rs.

(Rupees)
only.

14. Bank Details :

- (a) Name of the Account holder (Applicant).....
- (b) Bank A/C No. :
- (c) Name of the Bank :
- (d) Branch Name :
- (e) IFSC No. :
- (f) Pan Card No. :

15. Declaration, whether the applicant has received such benefit under this scheme in earlier period. If yes, mention the year of benefit received alongwith amount. Yes or No:

<u>Year-</u>	<u>Amount(Rs.)</u>
(1)	
(2)	
(3)	

I, Husband/Wife/Father/Mother/Son/Daughter of do hereby declare that the above information is true to the best of my knowledge and belief.

Date:

Signature of Journalist:

Place:

Contact No:

(Note-The Applicant needs to submit attested or self attested copy of Identity Card (DIPR), Identity Card of Present Organization, Passbook (Front page) & Cancelled Cheque alongwith other relevant documents)

Sl. No.	Bill Description	Amount
1.		
2.		
3.		
4.		
5.		
6.		
7.		

8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
	TOTAL	

Signature with date

