

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

1. Name of the Journalist:
2. Name of the Dependent Member:Gender: Male/Female
3. Relationship with the Journalist:
4. Date of Birth of Dependent Member: Age as on 01.01.2016:
5. Address:
.....
PO: PS:
District: PIN:
6. Whether Journalist is State/Central/Semi Government/Undertaking/Board employee: Yes No
7. Name of Media House:
8. Designation:
9. Press Card issued by authority (Enclosed) Valid upto:
10. DIPR issued Press Card No. (Enclosed) Valid upto:
11. Name of the Disease suffering from:
.....
12. Brief Summary of the Diagnosis and Treatment:
.....
.....
.....
13. Medical Documents to be attached (Give tick mark):
Admission Certificate: Discharge Certificate: Prescriptions:
Bills/Vouchers: Clinical Reports: If others, specify:.....
14. Total Expenditure Incurred during the treatment: Rs.
(Enter details on the back page)
15. Total Amount Claimed by the Applicant: Rs.
(Rupees) only.
16. Bank Details :
(a) Bank A/C No. :
(b) Name of the Bank :
(c) Branch Name :
(d) IFSC No. :
(e) Pan Card No. :

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:

Place:

Contact No:

Sl. No.	Description	Amount
1.		
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19.		
20.		
	TOTAL	

Signature with date