

Application No.:	
Date:	

Government of Goa

Application for Chief Minister's Medical Assistance Cell

Important Instructions

1. It shall be noted that financial assistance will not be provided as reimbursement for incurred expenses of patients who have been already discharged / whose treatment has been completed. Before applying, the applicant shall ensure that he/she is eligible on the basis of 15 year's residence of Goa.
2. The applicant shall mandatorily attach self-attested copies of all documents/certificates pertaining to the information furnished in the application.
3. In the event, if any information furnished is found to be false, fabricated or misleading, the application shall be summarily rejected. Furthermore, the applicant shall also be liable for appropriate legal and police action.
4. The sanctioned amount shall be credited directly to the hospital's bank account and not be payable to the applicant.

Information to be filled by the Applicant/ Family Member

To,
Hon'ble Chief Minister,
State of Goa,
Mantralaya, Secretariat Complex
Porvorim – 403521.

**I hereby solemnly declare that,
(Tick either option 1 or option 2 below)**

(1) Shri/Smt./Mrs./Kumar/Kumari _____ has been admitted to _____ (name of the hospital) with effect from _____ and has not been discharged from the hospital as on the date of this application _____.

OR

(2) Shri/Smt./Mrs./Kumar/Kumari _____ has not yet been admitted to the hospital as on date, i.e. _____, and the patient shall be admitted to the hospital as on or before dated _____.

Signature /-
(of the Deponent)

**Details of the Applicant if applying on behalf of
Patient**

1. Full Name and Aadhaar Card Number of the Applicant: _____

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2. Permanent Address of the Applicant: _____

Taluka: _____ District: _____ PIN Code Number: _____

3. Mobile Number of the Applicant and Relationship with the Patient: _____

H-1725(B)-4

Government of Goa

Application form for Chief Minister's Medical Assistance Cell

Details of the Patient

1. Patient's full name (in Devnagri):
English (in Capital Letters):
2. Patient's Aadhaar Card Number:
3. Patient's Permanent Address:
.....
4. Current Mobile Number of Patient's Next of Kin:
5. Patient's E-mail Address:
6. DDSSY No./ABHA No.:

Details of the Ailment

1. Name of the Patient's Ailment:
2. Name and Address of the hospital where treatment is being under taken:
.....
.....
Taluka: District: PIN:
3. Estimated Cost of the hospital's treatment: In
Rs..... Date of the Cost Certificate (To be attached)
4. Approximate duration of entire treatment:.....
5. Contact Number of the hospital where treatment is being under taken:
.....
6. Name of the treating Doctor:
7. If the Patient is admitted in the hospital, Bed No and Ward No.....and the
Date of Admission:
8. Email-ID of the hospital: