

# INDIAN CANCER SOCIETY

## CANCER SAHYOG



86/1, G.F, Shahpur Jat, New Delhi-110049. Tel-011 2649 9572, Telefax-011 2649 4907 Extn-26(10.am to 4.p.m.)

Cancer Helpline-9910516562, E-mail- [cansahyog@gmail.com](mailto:cansahyog@gmail.com) & [incansoc3\\_cancer@yahoo.co.in](mailto:incansoc3_cancer@yahoo.co.in)

Web Site- [www.indiancancersocietydelhi.in](http://www.indiancancersocietydelhi.in)

### Medical Assistance Form

Name of Patient: \_\_\_\_\_ Husband / Father's Name \_\_\_\_\_

Contact Details (Telephone No.): \_\_\_\_\_

Address: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Type of Cancer \_\_\_\_\_ Treatment From:- \_\_\_\_\_ To \_\_\_\_\_

Prognosis: \_\_\_\_\_ Palliative / Curative \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Hospital: \_\_\_\_\_

Duration of Treatment \_\_\_\_\_ Approx cost of Treatment: \_\_\_\_\_

If assistance requested is above the money sanctioned by Indian Cancer Society, what other source is being tapped?

What is the contribution of the Hospital?

Assistance Requested:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Total Family Income Per Month: \_\_\_\_\_ Earning Members: \_\_\_\_\_

Family Circumstances: \_\_\_\_\_

Required Supporting Documents: 1. 04 Photographs  
2. Photocopy of I.D. Proof or Ration Card  
3. Hospital Card's Photocopy: 4. Income Certificate:  
5. Appeal Letter for the Assistance:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recommendation Doctor's Signature \_\_\_\_\_

Cancer Sahyog Representative Signature

Contact Person: Ms. Usha Ohri, M-9810366982.