



RISE AGAINST CANCER

# INDIAN CANCER SOCIETY

## CANCER SAHYOG

B-63-64, Basement, South Extension Part II, New Delhi-110049.

Tel-011 49424723, 26264907, 26259572 (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)

PASSPORT SIZE  
PHOTO

### MEDICAL ASSISTANCE FORM

Patient Name :-	Husband/Father's Name	Age <input type="text"/>	Gender <input type="text"/> M / F
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Permanent Address:-

Correspondence Address :-

Contact (M) No.  Landline No.

Total Family Income  Earning Members

Patient Signature \_\_\_\_\_

HOSPITAL NAME :-	Doctor Name :-
Type of Cancer :-	Duration of Treatment :-
Prognosis :-	Treatment From _____ to _____
<ul style="list-style-type: none"> <li>• Curative</li> <li>• Palliative</li> <li>• Terminally Ill</li> </ul>	<p>What is the Contribution of the Hospital ?</p> <input type="text"/>
Assistance Requested <input type="text"/>	Approx. Cost of Treatment <input type="text"/>

If assistance is given by Indian Cancer Society, what other source are being tapped ?

- Required Supporting Documents :-
1. 4 Passport Size Photograph
  2. Photocopy of ID Proof
  3. Hospital Card's Copy
  4. Income Certificate
  5. Appeal letter for assistance

Recommendation Doctor's Signature with Stamp .....

Cancer Sahyog Representative Signature :- .....