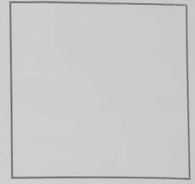


**Khoja Shia Isnaashari Jamaat Mumbai**  
66/70 Hazrat Abbas (A. S.) Street, Dongri, Mumbai 400 009.  
Tel: 23433473 / 23438317 / 65843775 Fax. 23433046

Email: [info@ksijamat.org](mailto:info@ksijamat.org)  
**General Medical Aid Form**



Name of Patient: \_\_\_\_\_ Age: \_\_\_\_\_  
Son / Daughter / Wife of: \_\_\_\_\_  
Family Members: \_\_\_\_\_ Family Income: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address Complete: \_\_\_\_\_  
\_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Nature of Disease: \_\_\_\_\_ Period of Sickness: \_\_\_\_\_  
Name of Treating Doctor / Hospital: \_\_\_\_\_  
Type of treatment (Medication / Investigation): \_\_\_\_\_  
Total Expenses of treatment (with breakup) Rs: \_\_\_\_\_  
Can arrange from other sources Rs: \_\_\_\_\_  
Medical Aid required from Jamat Rs: \_\_\_\_\_  
Membership No.: \_\_\_\_\_  
Are you covered from Mediclaim Insurance: \_\_\_\_\_

Note:

1. Please attach copy of all related medical documents.
2. For Medication and Investigations please submit copy of Doctors prescription
3. For Surgery please submit Certificate from operating Surgeon stating nature of disease, Type of Treatment and Approx expense with detailed break-up
4. Enclose copy of Ration card / Proof of Residence / Adhar Card
5. Incomplete form will not be accepted / replied or returned.

Applicant Sign: \_\_\_\_\_

(For office use only)

Date of Receiving form: \_\_\_\_\_

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