

Checklist for Required Documents with Application for Mukh Mantri Punjab Cancer Raahat Kosh

1. Copy of Required Residence Proof:
 - If the person is below 20 years age following documents can be submitted as residence proof:
Birth Certificate (Registered in Punjab Only) along with residence certificate of parents: Amred License/ Kisan Credit Card/ Voter Card/ Driving License/ Passport, Bhagat Puran Singh Card, Blue Card (Atta Dal Card) and RSBY card (ID Proof having photograph)
 - For a person more than 20 years age the following documents can be submitted as residence proof:
Amred License/ Kisan Credit Card/ Voter Card/ Driving License/ Passport, Bhagat Puran Singh Card, Blue Card (Atta Dal Card) and RSBY card (ID Proof having photograph)
2. Attach Attested photocopy of Laboratory Report
3. If ever taken financial help, attach copy of sanction
4. Detailed estimate of cost of treatment after the date of application (with break up and tentative time schedule) from the hospital where the treatment is going on currently. Estimate proforma should not be older than 15 days from the date of Estimate dispatch.
5. Two passport size photographs attested by concerned doctor.
6. If belonging to SC/ ST, documentary evidence thereof.
7. Self-declaration
8. Diary Certificate by Civil Surgeon/ Medical Superintendent, if late by 7 days from date of Diary, then attach Certificate by respective Deputy Commissioner with reasons.

Note: Case will be considered under Mukh Mantri Punjab Cancer Raahat Kosh Scheme only after complete submission of above mentioned documents along with application proforma.

Please fill in the form legibly in **BLOCK / CAPITAL** letters All Columns should be filled

To

The Medical Superintendent/ Civil Surgeon.....

Subject:

**Request Application for treatment to the cancer patients under
MUKH MANTRI PUNJAB CANCER RAAHAT KOSH SCHEME.**

Recent
passport size
photo graph
attested by
treating
doctor

You are requested to provide the financial aid to me/my husband/
wife/ son/ daughter /mother/father according to the guidelines of
above said scheme. Details are as follows:-

1. **Name of the Patient:**_____ **2. Date of Birth:**_____
3. **Mother Name:**_____ **4. Mobile No.**_____
5. **Father's/ Husband's/ Son's/ daughter's Name:**_____
6. **Aadhaar No***

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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

7. Blood Group_____
8. **Gender:** Male Female **9. Yearly Family Income:**_____
10. **Complete Residence Address:**_____
11. **(a) Whether belonging to reserved category (SC/ ST only):** SC ST
(b) if Yes, self attested proof attached.
12. **Name, Address & Phone No. of the Institution (Laboratory/ Hospital) where Cancer was diagnosed: (Attach an attested photocopy of Laboratory Report) Verified by treating Institution/ Hospital:**
Hospital/Lab Name:_____ **Date of Diagnosis:**

| | | |
|----|----|----|
| D. | M. | Y. |
|----|----|----|

Address & Phone:_____
13. **Name and Date of Admission/ Reporting to the Hospital where the treatment is undergoing:**
Hospital Name:_____ **Date :**

| | | |
|----|----|----|
| D. | M. | Y. |
|----|----|----|
14. **Have you ever taken any financial aid under this scheme (Attach the copy of sanction as proof):** Sanction No._____ Date._____ Amount._____
15. **Have you ever taken any financial aid from any Govt. Institution/ Society or any Govt. Aided Institution If yes, then provide complete details:** Yes No
Date:_____ **Yours faithfully,**

Enclosures:

(Father's/ Husband's/ Patient's signature)

1. Residence Proof: Voter Card/ Driving License/ Passport/Armed License/Kisan Credit card, Bhagat Puran Singh Card, Blue Card (Atta Dal Card) and RSBY Card (for more information please read checklist)
2. Photocopy of Laboratory Report attested by treating doctor where treatment is undergoing.
3. If financial help availed earlier, attach copy of sanction
4. Detailed estimate/invoice of cost of treatment after the date of application (with break up and tentative time schedule) from the hospital where the treatment is going on currently. Estimate proforma should not be older than 15 days from the date of invoice dispatch.
5. Two recent passport size photographs attested by treating doctor.
6. If belonging to SC/ST, attach documentary evidence.
7. Self-declaration by patient or his relative.
8. Diary Certificate by Civil Surgeon/ Medical Superintendent, if late by 7 days from date of Diary, then attach Certificate by respective Deputy Commissioner with reasons.

Note:

Under this scheme, Cancer Patients are eligible for getting treatment from the Govt. Medical College & Hospital Amritsar/Faridkot /Patiala, GMCH Sector 32, Chandigarh, PGI (MER), Chandigarh, AIIMS, New Delhi and Acharya Tulsi Regional Centre, Bikaner & Empanelled Hospitals by the Govt.

* Aadhaar Card* (Optional)

Estimate proforma should not be older than 15 days from the date of Estimate dispatch

Detailed Estimate of Cost of Treatment after the Date of Application
(To be issued by the Hospital where Patient is currently Under-Treatment)

Hospital Dispatch no.....

Dated.....

Slide no.....
(Histopathology Report)

TO WHOM SO EVER IT MAY CONCERN

1. Certified that _____ wife/son/daughter of _____ residing at _____ is admitted to the Hospital on D____/M____/Y____ and this patient is suffering from _____ cancer (type of cancer)
2. The estimated expenditure on the treatment of the patient will be Rs _____ (in words _____). The original estimate/invoice (With detailed break up and tentative time schedule) is as under:

Treatment Intent: _____

Treatment so far: _____

Tentative Treatment Schedule and estimated cost:

| Sr. No | Type of Treatment / Investigations | Tentative Time Schedule | Estimated Cost | Remark |
|--------|--|-------------------------|----------------|--------|
| 1 | Lab. Investigations | | | |
| 2 | Radiological Investigations | | | |
| 3 | Chemotherapy (No. of Cycles) @ Rs._____/Cycle | | | |
| 4 | Radiotherapy | | | |
| 5 | Surgery | | | |
| 6 | Palliative Treatment | | | |
| 7 | Others (Specify) : | | | |
| | Total Cost of Treatment: | | | |

Doctor's Signature _____ (With stamp)

Name in capital letters _____ Complete address of Hospital

Telephone Number _____ Email id _____

ਸਵੈ ਘੋਸ਼ਣਾ ਪੱਤਰ ਮਰੀਜ਼ ਜਾਂ ਉਸ ਦੇ ਸਬੰਧੀ ਵਲੋਂ ਦਿੱਤਾ ਜਾਵੇ

(ਜੇਕਰ ਸਬੰਧੀ ਹੈ ਤਾਂ ਉਸ ਦੇ ਸਬੰਧੀ ਹੋਣ ਦੇ ਸਬੂਤ ਜਿਵੇਂ : ਵੋਟਰ ਕਾਰਡ/ਪਾਸਪੋਰਟ/ਡਰਾਈਵਿੰਗ ਲਾਈਸੈਂਸ/ਅਸਲਾ ਲਾਈਸੈਂਸ/ ਕਿਸਾਨ

ਸਬੰਧੀ ਦੀ ਤਾਜ਼ਾ ਫੋਟੋ
ਪਾਸਪੋਰਟ ਸਾਈਜ਼
ਸੈਲਫ ਅਟੈਸਟਡ

ਮਰੀਜ਼ ਦੀ ਤਾਜ਼ਾ
ਪਾਸਪੋਰਟ ਸਾਈਜ਼ ਫੋਟੋ
ਸੈਲਫ ਅਟੈਸਟਡ

ਮੈਂ.....ਪਤਨੀ/ਪੁੱਤਰ/ਪੁਤਰੀ ਸ੍ਰੀ.....
ਵਾਸੀ ਮਕਾਨ ਨੰ.....ਵਾਰਡ ਨੰ.....ਪਿੰਡ/ਸ਼ਹਿਰ..... ਗਲੀ
ਨੰ..... ਤਹਿਸੀਲ.....ਜਿਲ੍ਹਾ.....

1. ਮੈਂ ਉਪਰੋਕਤ ਦਰਸਾਏ ਪਤੇ ਦਾ/ਦੀ ਪੱਕਾ ਵਸਨੀਕ ਹਾਂ।
2. ਮੈਂ ਮੁੱਖ ਮੰਤਰੀ ਪੰਜਾਬ ਕੈਂਸਰ ਰਾਹਤ ਕੋਸ਼ ਸਕੀਮ ਵਿੱਚੋਂ ਕੈਂਸਰ ਦੇ ਇਲਾਜ ਲਈ ਸਹਾਇਤਾ ਲੈਣ ਸਬੰਧੀ ਪੰਜਾਬ ਦੇ ਵਸਨੀਕ ਹੋਣ ਦੇ ਸਬੂਤ ਵਜੋਂ ਸੈਲਫ ਅਟੈਸਟ ਕਾਪੀ ਨੱਥੀ ਕਰਦਾ/ਕਰਦੀ ਹਾਂ।
3. ਮੈਂ ਅਤੇ ਮੇਰੇ ਘਰ ਦਾ ਕੋਈ ਵੀ ਮੈਂਬਰ ਸਰਕਾਰੀ ਮੁਲਾਜ਼ਮ ਅਤੇ ਈ.ਐਸ.ਆਈ. ਮੁਲਾਜ਼ਮ ਨਹੀਂ ਹੈ ਅਤੇ ਨਾਂ ਹੀ ਮੈਂ ਉਸ ਦਾ/ਉਸ ਦੀ ਆਸ਼ਰਿਤ ਹਾਂ।
4. ਮੈਨੂੰ ਮੇਰੇ ਕੈਂਸਰ ਦੇ ਇਲਾਜ ਲਈ ਮੁੱਖ ਮੰਤਰੀ ਪੰਜਾਬ ਕੈਂਸਰ ਰਾਹਤ ਕੋਸ਼ ਸਕੀਮ ਵਿੱਚੋਂ ਬਣਦੀ ਸਹਾਇਤਾ ਰਾਸ਼ੀ ਸਬੰਧਤ ਹਸਪਤਾਲ ਨੂੰ ਜਾਰੀ ਕੀਤੀ ਜਾਵੇ।
5. ਮੈਂ ਸਰਕਾਰ ਵਲੋਂ ਜਾਰੀ ਗਾਈਡਲਾਈਨਜ਼ ਮੁਤਾਬਿਕ ਹੀ ਕੈਂਸਰ ਦਾ ਇਲਾਜਕਰਵਾਂਗਾ/ ਕਰਵਾਂਗੀ।
6. ਮੈਂ ਕਿਸੇ ਵੀ ਸਰਕਾਰੀ/ਗੈਰ-ਸਰਕਾਰੀ ਸੰਸਥਾ ਪਾਸੋਂ ਮੈਡੀਕਲ ਇੰਨਸ਼ੋਅਰੈਂਸ ਨਹੀਂ ਕਰਵਾਈ।
7. ਮੈਂ ਕੈਂਸਰ ਦੇ ਇਲਾਜ ਲਈ ਕਿਸੀ ਵੀ ਸਰਕਾਰੀ ਮਹਿਕਮੇ ਜਾਂ ਸੋਸਾਇਟੀ ਪਾਸੋਂ ਪਹਿਲਾਂ ਕੋਈ ਵੀ ਸਹਾਇਤਾ ਪ੍ਰਾਪਤ ਨਹੀਂ ਕੀਤੀ।
8. ਮੈਨੂੰ ਮੇਰੇ ਕੈਂਸਰ ਦੇ ਇਲਾਜ ਲਈ ਮੁੱਖ ਮੰਤਰੀ ਪੰਜਾਬ ਕੈਂਸਰ ਰਾਹਤ ਕੋਸ਼ ਸਕੀਮ ਵਿੱਚੋਂ ਪਹਿਲਾਂ ਰੁਪਏ..... ਦੀ ਵਿੱਤੀ ਸਹਾਇਤਾ ਜਾਰੀ ਹੋ ਚੁੱਕੀ ਹੈ।
- 9.

ਮਿਤੀ

ਘੋਸ਼ਣਾ ਕਰਤਾ ਦੇ ਹਸਤਾਖਰ

ਮੈਂ ਇਕ ਵਾਰ ਫਿਰ ਤੋਂ ਇਹ ਘੋਸ਼ਣਾ ਕਰਦਾ ਹਾਂ / ਕਰਦੀ ਹਾਂ ਕਿ ਮੇਰੇ ਵਲੋਂ ਉਪਰੋਕਤ ਦਿੱਤੀ ਗਈ ਜਾਣਕਾਰੀ ਬਿਲਕੁਲ ਸਹੀ ਅਤੇ ਦਰੁਸਤ ਹੈ ਇਸ ਵਿੱਚ ਮੈਂ ਕੁਝ ਵੀ ਲੁਕਾਇਆ ਜਾ ਛੁਪਾਇਆ ਨਹੀਂ ਹੈ।

ਮਿਤੀ

ਘੋਸ਼ਣਾ ਕਰਤਾ ਦੇ ਹਸਤਾਖਰ

TO WHOM SO EVER IT MAY CONCERN

(Certificate by Civil Surgeon/Medical Superintendent)

It is to Certify that application of patient..... has been received in this office vide diary no..... dated..... & sent to the Cancer Control Cell, Punjab Chandigarh within seven working days from the diary date as per Mukh Mantri Punjab Cancer Raahat Kosh Guidelines.

District.....

Hospital Name.....

**Signature of Civil Surgeon/Medical Superintendent
(with stamp)**

- 1. One copy should be given to concerned patient**
- 2. One copy should be attached with patient's file.**