



SEWA PARMO DHARM TRUST

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ADDRESS:-SEWA DHAM, SEWA NAGAR, HIRAN MAGRI SEC.4, UDAIPUR,RAJASTHAN -313002

PATIENT DETAIL

DATE

1. PATIENT NAME

2. CATEGORY OBC GEN ST SC OTHER

3. GENDER MALE FEMALE

4. NAME OF THE GUARDIAN

5. DATE OF BIRTH Age :

6. FAMILY MEMBER

7. ADDRESS

8. E-MAIL ID

9. EITHER BELONG TO BPL

10. INCOME TAX CERTIFICATE

11. OCCUPATION BUSINESS PRIVATE Government

12. DESIGNATION

13. INCOME

14. CONTACT NUMBER

15. ADHAAR NUMBER

16. AMOUNT NEEDED

17. HOSPITAL NAME WITH ADDRESS

18. DOCTOR NAME 19. DISEASE

20. NEIGHBOUR NAME &

CONTACT NO.(ANY 2)

2

21. LAND YES () / NO () & SIZE

22. LOCATION (VILLAGE/CITY)

23. ELECTRICITY () / WATER CONNECTION () 24. LITERATE () / ILLITERATE ()

25. JOINT/NUCLEAR FAMILY

26. IF DEBTOR,MENTION THE REASONS

27. ARE YOU DRUG ADDICT? YES NO

28. HOW DO YOU KNOW ABOUT TRUST

APPLICANT SIGNATURE