

Annexure – B

CHIEF MINISTER`S RELIEF FUND
ARUNACHAL PRADESH

APPLICATION FORM FOR FINANCIAL AID

1. Name of the Applicant :
2. Father/Husband Name :
3. Name of the person for whom assistance is sought :
And his/her relationship with the Applicant :
4. Whether employee of State/Central Govt. :
If so give details
5. Residential Address :
(Attach-photocopy of Aadhar card/
voter`s identity Card)
6. Name of disease, where treatment has been :
done/or undergoing treatment
7. Estimated cost of treatment certified by the :
HOD/ Medical Supdt. To be attached in original
8. Amount of assistance sought :
9. Two passport size photographs of the patient :
Attested by treating doctor out of which one
Should be pasted on estimate certificate and the
Other on this application form
10. Whether the applicant has taken the assistance :
from CMRF earlier also, if so, details thereof
11. Bank Account No. :

It is certified that the information furnished above is true to the best of my knowledge and belief and that I am in no position at all to arrange for/provide funds for the purpose stated above. I also declare that neither my parents nor I are employees of the Central/State Govt. or a local body.

Signature of the Applicant/Patient
Contact No.

Recommendation:

(To be recommended by Ministers/MLAs/Administrative Heads)
Completed/recommended application should be submitted to:

**The Secretary to Chief Minister,
Govt. of Arunachal Pradesh, Itanagar**

NB

- Maximum amount admissible will be Rs. 4, 00,000/- for critical nature of disease.
- All assistance will be paid through A/c Payee Cheque only
- All the applications received in a month will be processed in the last week of that month for