

Instructions for filling up of Application Form for financial assistance under Rashtriya Arogya Nidhi and Health Minister's Discretionary Grant (HMDG)

Instructions

Kindly go through the following instructions before filling up the Form:

Column 1. Full name of the patient should be written.

Column 2. Age of patient as on date of submission of the application to be filled in.

Column 3 (a) : Against this, permanent address to be entered

(b) Against this, enter address for correspondence

Column 4 : Mobile or Telephone number/e-mail of the patient/ applicant is to be furnished so that the person could be contacted in case application is incomplete and more information is sought.

Column 5 . (a) The name of father/ mother of the patient is to be entered in this column.

(b) The name of wife/husband of the patient is to be entered, if applicable.

Column 6: If applicant and patient are different persons, relationship of the applicant/to the patient is to be entered in this column [e.g. if applicant has applied for assistance for treatment of father then write relationship as son].

Column 7. Name of the disease from which the patient is suffering, is to be furnished.

Column 8. The relevant entry as 'Yes' or 'No' should be written in the space provided. If working in Central / State Government, Public Sector Undertakings, Statutory Bodies, details of the office should be written.

Column 9. Monthly income from all sources of the patient/applicant and his family members should be written. **Attested copy of Income Certificate should be attached. However, where online certificates are issued, self attested copy of income certificate may be enclosed.**

Column 10. Amount of financial assistance recommended by the treating doctor should be entered.

Column 11: Details of financial assistance received from any Organization/Department/PMO, etc is to be furnished.

Column 12. Attested copy of the ration card should be attached.

Column 13: Enter Aadhar Card No. of applicant. Attach attested copy of Aadhar Card.

Declaration: This column is a self declaration made by the applicant about correctness of information furnished in the application form.

The application should be signed by the applicant/patient along with date.

APPLICATION FOR FINANCIAL ASSISTANCE

(Please tick mark (/))

RASHTRIYA AROGYA NIDHI (RAN)		HEALTH MINISTER'S DISCRETIONARY GRANTS	
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1	Name of the Patient (in Block Letters)	
2	Age	
3	(a) Permanent Address along with Pin Code	
	(b) Address for correspondence	
4	(a) Email Address (if available)	
	(b) Mobile No. (if available)	
5	(a) Father's /Mother's Name	
	(b) Husband/wife's name	
6	Applicant's Relationship with the Patient	
7	Disease from which suffering (Name of the disease)	
8	Whether the applicant or the person on whom the patient is dependent, is an employee of Centre/State Government /Pensioner	
9	Monthly Income of the applicant and all family members from all sources issued by Tehsildar/BDO/SDO/ SDM/DC. (Attested copy of Income Certificate should be attached. However, where online certificates are issued, self attested copy of income certificate may be enclosed)	
10	Amount of Financial Assistance required	
11	Whether financial assistance has been received from any Ministry/Department/PMO other than Min of Health & Family Welfare for treatment of the same disease. If so, full details may be given.	
12	Attach attested copy of the Ration Card	
13	Aadhar Card No., if any (Attach attested copy)	

DECLARATION

I declare that the information given above is correct and complete in all respect.

Date :

Signature of the Applicant/Patient

TO BE FILLED BY THE M.O. INCHARGE OF THE CASE/HOSPITAL, ETC, WHERE THE PATIENT IS RECEIVING TREATMENT

1. Name of the Patient & Hospital Registration No. _____
2. Gist of Reports of important Investigations done _____

3. Diagnosis-A short Note on the present clinical condition may be indicated _____

4. If the patient has been operated, please Indicate the date of operation _____
- 5.(a)The name of the Hospital where the patient is receiving treatment. _____
(b) Whether Hospital is Government or Private. _____
6. Amount recommended for treatment _____
7. Item wise break up of expenditure recommended In Column 6

Name of consumables/medicines required for operation/treatment	for	for	Cost (In Rupees)
1.			
2.			
3.			
4.			
5.			

Signature of the HOD/MO-in-charge
(Note below the level of Consultant/Assistant Professor with Official Seal

Certified that the patient's particulars given above are true to the best of my knowledge and belief.

Signature of the Medical Superintendent of the
Hospital/Medical Institution with Official Seal

Title of the Scheme	Rashtriya Arogya Nidhi (RAN)
Division	Grants Section
E-mail ID	so.grants-mhfw@nic.in
Funding pattern of Scheme	Budgetary provisions are made to fund the RAN Scheme.
Beneficiaries & eligibility criteria	The Scheme provides for financial assistance to patients, living below poverty line and who is suffering from major life threatening diseases, to receive medical treatment at any of the super specialty Government hospitals / institutes.
Type of benefits	Financial assistance towards treatment in Government hospitals including super specialty Government hospitals / institutes, as per guidelines.
How to avail benefits	To avail financial assistance under RAN, the patient is required to submit : <ul style="list-style-type: none"> (i) Application form in prescribed proforma duly signed by the treating doctor and countersigned by the Medical Superintendent of the Government hospital/institute. (ii) Copy of the income certificate. (iii) Copy of the ration card. (iv) Revolving Funds have been set up in 12 Central Government Hospitals/Institutes and funds upto Rs. 50 lakhs are placed at their disposal for providing treatment up to Rs. 2 lakh in each case. (v) Cases involving treatment beyond 2 lakh are referred to Ministry of Health & Family Welfare, Government of India for providing funds. (vi) However, financial powers delegated to 12 designated hospitals/institutes have been enhanced from 2 lakh to 5 lakh for providing financial assistance in cases where <u>emergency surgery</u> is required. Those cases, which require financial assistance of more than Rs. 5 lakh, are to be referred to the Ministry of Health & FW, Government of India.