

# THE MUMBAI CHAROTAR SUNNI VOHRA [TRUST]

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## Medical Help Form

**From,**

Name \_\_\_\_\_

Add \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Contact No. \_\_\_\_\_

**Applicant  
Photo**

**To,**

The Mumbai Charotar Sunni Vohra [Trust]

**Date:** \_\_\_\_\_

The President / Secretary,

I, the undersigned request you to extend helping hand to meet the Medical expenses

I am / my father is economically backward and eligible to get this help.

I hope my request will be considered favorably. I solemnly state and say that all informations given above are true and correct, if any discrepancy is found then my application may be rejected.

Thanking you,

Yours Faithfully,

( )

1] Sanctioned / Passed by \_\_\_\_\_ 2] Approved by \_\_\_\_\_

2] Paid by Cheque No. \_\_\_\_\_ Date \_\_\_\_\_

3] Bank & Branch \_\_\_\_\_ Amount \_\_\_\_\_

4] Receiver's Signature \_\_\_\_\_ Dated: \_\_\_\_\_

**Required:-** 1) Xerox copy of Ration card 2) Xerox copy of Electricity Bill  
3) Doctor Expenses letter