

WAPIZ Hoshang N. Buhariwalla Medical Fund

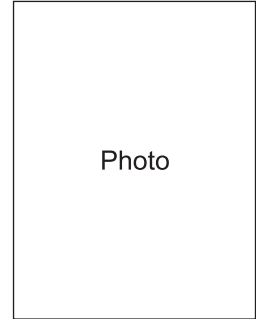
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APPLICATION FORM NO : _____

Date : _____

1. Applicant's Name : _____
 Age:_____ Telephone No.: _____
2. Residence Address : _____

 Monthly rent / outgoing : _____
3. Name of the Company / Employer : _____
 Employer's Telephone No. : _____
 Your Designation : _____
 Years in Service : _____
 Gross Monthly Income : _____
4. Income from other sources : Interest from Fixed Deposits : _____
 Pension : _____ Others : _____



If retired,
fill in all details
of the last
held position

5. Details of family members (Whether residing or not residing with the applicant) :

Sr.No.	Name	Age	Relation	Name & Telephone No. of the Employer	Gross Income
1.					
2.					
3.					
4.					

6. Particulars of Donations / help received from other charitable trusts or individuals :

Sr.No.	Name of the Donor Trust	Frequency (Monthly / Quarterly/1/2 Yearly/Yearly)	Donation Amount
1.			
2.			
3.			
4.			
5.			

7. Briefly mention the nature of your requirement and the circumstances for seeking help.

8. Reference:

Name	
Address	
Telephone	
Known Since	
Remarks, if any	
Signature	

9. Declaration :

I hereby declare that all the information given by me in this Application Form is entirely true to the best of my knowledge and belief.

Date: _____

(Signature of Applicant)

NOTE:

1. INCOMPLETE APPLICATION FORMS will not be considered.
2. When the amount is sanctioned the applicant has to submit the original bills and receipt to the Trust for the purpose of affixing the Trust's Rubber Stamp thereon.
3. All applications must contain :
 - I. Doctor's Certificate & Prescription
 - ii. Hospital & Pharmacy Bills
 - iii. Medical Reports.
4. Application must also contain photocopies of the following documents:
 - a. Aadhar card
 - b. Rent Receipt
 - c. IT Returns of last two years (If not applicable, please submit a copy of bank passbook of the past one year)
 - d. Salary certificate or pay slip of every earning member in the family.
5. The Trustees may, at their discretion, request the applicant to produce the original of any.
6. Trustees decision will be final.