



BABBOORKAMME SEVA SAMITHI (R.)

No. 17, Sheshadri Road, Bengaluru – 560 009.

e-mail ID : info@babboorkamme.org

website URL : www.babboorkamme.org

APPLICATION FORM FOR FINANCIAL ASSISTANCE (HEALTH) UNDER YOGAKSHEMA SCHEME WITH EFFECT FROM 01ST APRIL - 2019

(For the members of Babboorkamme Seva Samithi, Bengaluru and their children below 18 years only)

- Please read the general information attached before filling the application.
- Members attention is drawn to general information clause 2.6, 2.7 a & b

1. Name of the Patient : Shri / Smt.	
2. Age and Date of Birth of the Patient	
3. Number of children in the family	
4. If the Patient is below 18 years of age	
4.1. a. Name of the Patient's Father	
b. Membership number at B.K.S.S. Bangalore	
c. Whether Employed in State Govt. / Central Govt. / Pvt.	
4.2. a. Name of the Patient's Mother	
b. Membership number at B.K.S.S. Bangalore if she is a Member	
c. Whether Employed in State Govt. / Central Govt. / Pvt.	
5. If the Patient is above 18 years of age	
5.1. a. Membership number of the patient at B.K.S.S. Bangalore	
b. Whether Patient is Employed in State Govt. / Central Govt. / Pvt.	
5.2. a. Patient's Spouse Name	
b. Membership number of the spouse if any at B.K.S.S. Bangalore	
c. Whether Spouse is Employed in State Govt. / Central Govt. / Pvt.	

Note :

- If the patient is below 18 years, fill up the information against 4.1 to 4.2
- If the patient is above 18 years, fill up the information against 5.1 to 5.2

6. Name of the Applicant and address with Contact Number	
7. Applicant's Relationship with Patient (Tick the Applicable Box)	Self <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/>
8. Nature of illness of patient	
9. Type of treatment	
10. Name of the Hospital and address	
10.1. Duration of stay in the Hospital	
11. Amount of Financial Assistance requested	
12. Has the member availed the financial assistance from the Samithi earlier under this scheme	
13. If availed, the total amount received from B.K.S.S. Bangalore	
14. Bank Details of the applicant	
a. Name of the Bank	
b. Account Number	
c. Name, address and IFSC code of the Bank	

Date :

Signature of the applicant

UNDERTAKING BY THE APPLICANT

I hereby certify that the patient Sri /Smt. /Chi.has undergone hospitalization from.....to..... as an inpatient at the..... hospital for treatment ofdisease and that I am a member of the Babboorkamme Seva Samithi, Bengaluru with Membership No.....

Date:

SIGNATURE OF THE APPLICANT

Place:

Name:

1. CERTIFICATE OF AUTHENTICATION AND RECOMMENDATION

This is to certify that we know the applicant Shri / Smt. since years and that we are members of the Babboorkamme Seva Samithi, Bengaluru. We further certify that the information provided by the applicant who is also a Babboorkamme are true to the best of our knowledge and belief. We recommend that the Samithi may consider the applicant's request for financial assistance.

1. Signature

Name of the Member :

BKSS Bangalore Membership Number :

2. Signature

Name of the Member :

BKSS Bangalore Membership Number :

ATTACHMENT

The applicant has to submit the following documents in support of the patient's illness :

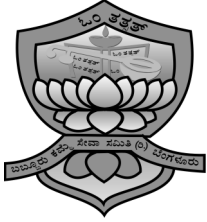
- a. Medical report and discharge summary from the concerned hospital regarding the treatment duly signed by the concerned Head of the Department/doctor with relevant seal.
- b. The medical bill from the concerned hospital with name of the patient in original / Xerox copy. The original bill shall be produced for verification if called for by the Samithi
- c. Copy of the AADHAAR CARD of the patient and applicant.

FOR BKSS OFFICE USE

The above request is approved / Rejected.

An amount of Rs..... (Rupees..... only) is sanctioned.

Secretary, BKSS



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FINANCIAL ASSISTANCE (HEALTH YOGAKSHEMA SCHEME) WITH EFFECT FROM 01ST APRIL 2019

1. General information :

1.1. The purpose of this scheme is to help our Samithi members who are under severe ailment and who are in dire need of financial assistance towards the medical treatment expenses.

1.2. This assistance is provided only for the following ailments to begin with :

CANCER OF SPECIFIED SEVERITY, FIRST HEART ATTACK OF SPECIFIED SEVERITY, CORONARY ARTERY SURGERY(CABG) / OPEN CHEST CABG, HEART VALVE REPLACEMENT, COMA OF SPECIFIED VARIETY, KIDNEY FAILURE INCLUDING DIALYSIS, STROKE RESULTING IN PERMANENT SYMPTOMS, MAJOR LIVER, ORGAN/BONE MARROW TRANSPLANT, MULTIPLE SCLEROSIS, MOTOR NEURONE DISEASE WITH PERMANENT SYMPTOMS AND PERMANENT PARALYSIS OF LIMBS & LIVER TRANSPLANT.

2. Terms and Conditions :

- 2.1. Only the members of Babboorkamme Seva Samithi at 17, Seshadri road, Bengaluru and their children who are below the age of 18 years are eligible to seek this financial assistance. The Wife and their paternal children above the age of 18 years can seek the financial assistance provided they are also the members of the above Samithi.
- 2.2. This financial assistance/ benefit to the members is only once in their life span and is limited to a maximum of Rs. 25,000/- in all per member under this scheme. The members can claim the benefit even if the bill is less than Rs. 25,000/- . However, the maximum limit to be released by the Samithi in life time per member is limited to Rs. 25,000/- only inclusive of all illness
- 2.3. This financial assistance is provided only after the medical treatment subject to the production of documents to the committee satisfactorily. Claim for advance will not be considered
- 2.4. The claim request for financial assistance should be submitted to the BKSS, Bengaluru within one month from the date of admission for medical treatment or discharge in the prescribed form. Doctor's consultation charges, medicine expenses, prior to and subsequent to the operation/treatment are not considered for the financial assistance.
- 2.5. The application should necessarily be recommended by two members of the B.K.S.S. Bengaluru provided that they are members for more than 1 year.
- 2.6. Members for whom financial assistance is available from other sources like government health schemes, private medical insurances etc., are not eligible under this scheme.
- 2.7. a. The financial assistance (health) scheme provision is subject to the limit of the availability of funds with the Samithi from time to time.
b. Since it is a very usefull scheme involving financial help to the members a huge expenditure is expected every year. To keep this scheme alive Management appeals to all the members to donate to this scheme whenever they can.
- 2.8. The acceptance or rejection of the request for financial assistance under the scheme rests entirely with the B.K.S.S. Managing Committee.
- 2.9. The B.K.S.S. Managing Committee may relax any of the above conditions under extraordinary situations based on the merit of the claim.
- 2.10. In the event of unfortunate demise of the member during the time of treatment / operation or during recovery time in the hospital, the immediate legal heir of the demised member may submit the request to the Samithi in this form within a month.