

PATIENT CHECKLIST

I, namely _____, son/daughter/wife of _____, R/o _____, with DOB ___/___/____, do hereby give an unconditional consent to the HELP SABA CANCER CHARITABLE TRUST to carry out any verifications regarding the documents submitted.

Category	Example/ acceptable documents	Provided/ Reason for not providing
Two Passport size photos	Colour PP Photographs.	
ID Proof	Aadhar, Election Card, Govt Employee Card, Passport.	
Exact accurate address along with landmarks mentioned to identify the house of the patient.	Fill the address on form and mark with landmarks.	
Names & contact Nos of two respectable references in the vicinity	Eg Neighbour, Govt Officer, Doctor, Mohalla Committee (Except any blood relation).	
BPL proof like Ration Ticket	Ration Card or letter from Tehsildar and Pathwari.	
Latest documents from the Govt Hospital/Oncologist type of therapy required/Approximate Cost of treatment	Hospital Prescription and Hospital letter for treatment cost.	
Help/ Support availed from other NGO/ help proof	If the patient is already taking Help other NGO submit the document of these NGO.	



Golden card copy and latest statement of Golden card showing balance/ utilization leave	Copy of golden card along with its utilization statement and a letter from hospital that the said medicine is exempt from this scheme.	
Family strength & status	Total Household Headcounts, income details of each family member.	
Application form (this will be provided in office which can be filled with our staff if the person has knowledge of the household)	Application form completed with photographs and signature.	
ID proof of the person presenting these documents in our office	If submitting on behalf of patient, exact relation with patient along with ID proof of the representative.	
Screenshots of the communication where we have been referred by someone (and his/ her name)	Provide snapshots of any communication along with contact details of the person who has referred the patient to HSCCT.	
Income proof	Income Certificate, Pay Slip letter from Tehsildar and Mohalla Committee	
Any other documents as additional support can be submitted,	Eg Masjid letter and newspaper evidence	

Signature Of Patient

Signature of Verifying officer of Help Saba

Dated :- _____

-----Official Use only-----

Patient Number:- _____

