

## Application for seeking Medical Aid

To,  
The Chairman  
Repatriates Welfare Trust,  
Repco Tower, No.33, North Usman Road,  
T.Nagar, Chennai – 600 017.

Sir/Madam,

Kindly I submit the particulars requesting the Medical aid from Repatriates Welfare Trust.

Name of the Patient:	
Parent/Husband Name:	
'A' class ID/Repatriate proof: (Enclose proof copy)	
Address:	
Disease/Treatment Details:	
Date of Surgery:	
(i) Date of Admission in Hospital : (ii) Date of Discharge from Hospital : (Enclose Discharge Summary)	
Total Amount spent : (Enclose Surgery bills/ Major Bills/ Pharmacy bills)	
Mobile number <b>(Mandatory)</b> :	

Date:

Signature of the applicant

Enclosures to be submitted along with this application form:-

- copy of 'A' class ID/Repatriate proof.
- Copy of ID Proof (Voter's ID Card, Aadhaar Card, Pancard, Driving License etc..) Any one.
- Discharge Summary.
- Surgery bills/ Major Bills/ Pharmacy bills.