



Estd. 1945

The Mar Thoma Syrian Church

47 Primrose Road, Bangalore 560-025

Appln. No:

Application for Medical Aid

(Applicable only for Parish members)

Head of the Family:

Prayer group:

Occupation:

Occupation of spouse (if applicable):

Number of children: Annual Family Income: Rs.

Name of the patient:

Nature of ailment and treatment required:

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Cost: Rs. (provide details overleaf, e.g. medicine, operation, etc)

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Signature & date.

For Office Use

Date of meeting of Medical Aid sub-committee:

Decision:

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President

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Parish Secretary

Ch. #: Dt.: Bank: