



### Application for Help



**Name of the Patient** : Vadrevu Venkata Sai Prasanna

**FATHER/GUARDIAN** : Vadrevu Venkata Mallikarjuna Sesa Sai babu  
**Mother Name:** Vadrevu Rajya Lakshmi

**ADDRESS** : Door No: 26- 136 & 137  
NagulaBanda Street, Addamki – 523201, Prakasam Dt

**PHONE NUMBER** : 9393022630

**UMR No** :

**AGE** : 16 Years

**GENDER** : Female

## **DISEASE INFORMATION**

(To be filled by Doctor)

**Diagnosis:** chronic epilepsy, seizures disorder  
**Date of Diagnosis:** 23 09 2013

**Family Circumstances:** Father working in a private school as teacher. No other source of income for the family.

**Estimation Amount:** 2lakhs

**Any amount was sanctioned than any organization:** No

**Recommendations:**

Kindly sanction Rs. 50,000 rupees to help this child to continue his treatment.

**Sanctioned by :** K Rajagopal

Amount: Rs. 30,000 for medicines, NEFT to Keerthi Medical Stores, Mangamuru Road, Ongole, HDFC Bank, A/C no: 10232320000247, IFSC Code: HDFC0002023