



KINNERA MEMORIAL TRUST

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Application for Help

Name of the Patient: mD. Rahil.

Father / Husband name: mD. Rawoof.

DOB / Age: 25/10/2021 = 4 years.

Permanent Address: Rangareddy.

ILNo: 8-8-65.

Street / Village: Tandur.



Mandal / District: Tandur. Rangareddy.

Pin code: 501141.

Phone No: 9885488431.

DISEASE INFORMATION

(To be filled by Doctor)

Diagnosis: ALL

Date of Diagnosis:

Investigations: Bone marrow Biopsy +. Aspiration,
done.

Treatment Chemotherapy.

Reviews:

Type of Treatment: *Chemotherapy.*

Estimation Amount: *15,00000/-*

Any amount was sanctioned than any organization:

Recommendations:

Consultant Name : Dr. *DR. Ramana.*

Consultant Signature : Dr. *DR Ramana*

Approved By: *Kantam nemi Rategopal, sanctioned Rs. 25000/-*
Check List: *Issued check No: 3604 on 15.11.2025*

- ☒ Patient Aadhar
- ☒ Parents Aadhar
- ☒ White Card (proof of financial status a must)
- ☐ Reports
- ☒ Patient passport size photo
- ☒ Family Photo