



KINNERA MEMORIAL TRUST

కిన్నెర మెమోరియల్ ట్రస్ట్

Application for Help

Name of the Patient:

Charan Tej.

Father / Husband name:

Srinivasulu.

DOB / Age:

14y / mar 28/8/2010.

Permanent Address:

IL.No:

6-18, SC colony,

Street / Village:

Cherlapalli.

Mandal / District:

Vontimitta, VTC: Mangampeta, PO: Nadiampeta.

Pin code:

516152,

Phone No:

9010092807.



DISEASE INFORMATION

(To be filled by Doctor)

Diagnosis:

Thalassemia.

Date of Diagnosis:

6/4/2021.

Investigations:

DNA Analysis & CBC

Treatment

BMT.

Reviews:

Type of Treatment: **BMT.**

Estimation Amount:

Any amount was sanctioned than any organization:

Recommendations:

Consultant Name : Dr. **Dr. Ramona.**

Consultant Signature : Dr. **Dr. Ramona.**

Approved By: **Rajgopal Kantamenni, Sanctioned Rs. 5 lakhs**

Check List: **check issued through Choice Foundation which has
FCRA, check # 061092 on THIRUMALA CHILD
HEALTH SERVICES PVT. LTD**

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