



KINNERA MEMORIAL TRUST

కిన్నెర మెమోరియల్ ట్రస్ట్

Application for Help

Name of the Patient: R. Gayatri.

Father / Husband name: R. RAJU. (late)

DOB / Age: 18/9/2021.

Permanent Address:

H.No: 1-94/6a13,

Street / Village: chenchusceemilingal, lingal,

Mandal / District: mahabubnagar, Telangana.

Pin code: 509401.

Phone No: 9664921669.



DISEASE INFORMATION

(To be filled by Doctor)

Diagnosis: B-cell Acute lymphoblastic leukemia.

Date of Diagnosis: 4/6/2025.

Investigations: Bone marrow Biopsy + Aspiration + flow cytometry + MRD done.

Treatment

Reviews:

Type of Treatment:

Estimation Amount:

Any amount was sanctioned than any organization:

Recommendations:

Consultant Name : Dr. Dr. Ramona

Consultant Signature : Dr. Dr. Ramona,

Approved By: R. Jagopal Kantam nemi, sanctioned Rs. 30,000

Check List: KMF check # 3608

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