





KINNERA MEMORIAL TRUST

కిన్నెర మెమోరియల్ ట్రస్ట్

Application for Help

Name of the Patient: Shaik Abdul mafeen

Father / Husband name: shaik ameer hasha

DOB / Age: 03/7/2018

Permanent Address: 335, Indiramma colony,

H.No: 335, S. mydukur

Street / Village: S. mydukur,

Mandal / District: Y.S.R Andhra pradesh

Pin code: (516172)

Phone No: 8328262592



DISEASE INFORMATION

(To be filled by Doctor)

Diagnosis: Thalassemia major, Bone marrow transplantation

Date of Diagnosis:

Investigations: Bone marrow transplantation

Treatment

Reviews:

Type of Treatment: Bone marrow transplantation

Estimation Amount: 14,00,000 / -

Any amount was sanctioned than any organization: -

Recommendations: -

Consultant Name : Dr. Ramana Dandamudi

Consultant Signature : Dr. *Dr Ramana*

Approved By:

Check List:

Dr. RAMANA DANDAMUDI
MRCP (Ireland), DCH
Leukemia Research Fellowship
(Manchester University-UK)
Consultant Pediatric Hemato-Oncologist
Reg No. 17141

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

Approved and sanctioned Rs. 3,00,000/-
KMT check # 040482 issued on 29/Aug/26