

HEALTH SUPPORT PROJECT

Required Details of the needy

1. Patient Full Name : Mangalaxapu Maniteja
2. Date of Birth : 28-04-2004
3. Patient Occupation & Income : _____
4. Father Occupation & Income : Welder & 3,000/month
5. Mother Occupation & Income : Beedi sales & 6,000/month
6. Wife Occupation & Income : _____
7. Children details : _____



8. Total Family Income per month : 3,600/month
9. Address : Flat No. 10-02-1, Sai Nagar, Strilla, Sps 301, KNR(A.P)
10. Contact No & Mail id : 7702769811 &
11. Help required : _____
12. Current status of the problem : _____
13. Is AROGYA SREE Applicable : _____
14. If Not, Why : _____
15. Hospital Address : BHAVANI NEUROHOSPITAL CIVIL HOSPITAL ROAD, KARIM NAGAR
16. Doctor Name & Phone no : D.K.V.S. PRAKASH RAO 9177-7776
17. Required Amount details : 4 Lacs only (For bank Ac)
18. Last Date to pay the amount : _____
19. Referred by Name & No : _____
20. Bank Account(Full details) : SBI Strilla A/c 20098190543
Mangalaxapu Raju, IFSC SBIN 0012903

Required Documents

- ❖ Age Proof (Birth Certificate) : _____
- ❖ Address Proof (Ration Card/Voter Card) : _____
- ❖ Doctor Prescriptions & Proofs Reg. Problem : _____
- ❖ Family Details with Id Proofs : _____
- ❖ Income Certificate & Proofs : _____
- ❖ Operation Cost letter from Doctor : _____
- ❖ Xerox copies of Bank Passbook transactions : _____
- ❖ Physically Handicapped certificate, if eligible : _____

Our Procedure

Get the preliminary details

Our volunteer visit the patient's house, talk to the needy as well as his/her parents and collect the necessary documents

Request Media (Paper/TV), friends, NGOs for support, if necessary & agreed by Patient

Try to Pool up funds from different sources and pay the collected amount directly to the Hospital or as per the Donor guidelines