



# The Rotary Cancer And Research Foundation

## Application for Financial Assistance to Cancer Patients

To: The Managing Trustee  
The Rotary Cancer & Research Foundation  
New 157/ Old 36. I Floor  
Eldams Road, Alwarpet. Chennai, 600018

Date :

1. Name of the Patient
2. Age
3. Name of Father/ Husband/  
Next of kin
4. Residential Address
5. Person to contact:
6. Contact Phone Number
7. Profession / Employment
8. Income particulars
9. History of illness –  
(Enclose in attached sheet)
10. Doctor / Hospital where you  
Taking treatment
11. Medical Treatment (Attach suitable evidence)
  - a) Details of treatment and  
Estimated expenses incurred  
Till now.
  - b) Further course of treatment and  
Expenses to be incurred.
12. Family information/Dependants
13. Own House / Rented House
14. Names and References from two  
Respectable persons in your locality.  
Reference from a Rotarian is welcome
15. Other details if any can be attached.

Passport Size  
Photograph

The Managing Trustee  
Rotary Cancer & Research Foundation

Name & Signature  
Applicant

### Doctor's / Hospital's Certificate

Certified that Sri./ Smt/ \_\_\_\_\_ is a patient under my  
Treatment for Cancer of \_\_\_\_\_  
For \_\_\_\_\_ years / months. He / She hails from a poor family.

### This application to be forwarded to

The Managing Trustee  
Rotary Cancer and Research Foundation  
157/36, Eldams Rd., Alwarpet, Chennai, 600018

Doctor's Signature  
and Hospital's Seal

For Office Use only – Approved on \_\_\_\_\_ - S. No. \_\_\_\_\_

Trustee