



Kuwait Kerala Muslim Association

Dialysis Application Form [General]

Name of Applicant :	_____	KKMA ID :	_____
Branch :	_____	Mobile No:	_____
Name of Patient :	_____	Age:	_____
Patient Aadhar No. :	_____		
Patient Job :	_____	Mobile No :	_____
House Name :	_____	Village :	_____
Place :	_____	District :	_____
Panchayath :	_____	Signature of Applicant:	_____

Doctor / Hospital Recommendation

Start Date of Dialysis :	_____	No of dialysis in a Week:	_____
Name of Doctor :	_____	Signature:	_____
Doctor Seal _____	If No Doctor Sign or Seal on form, please attach the medical document.		

Mahal / Jamaath Recommendation

Patient residing in Mahal Jamaath:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
Patient deserves the charity help:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
			President / Secretary Signature, Seal & Date

For office Use Only

Branch Committee	Date: _____	Br.President / GS Signature & Seal
Social Project VP: _____		
Zonal Committee	Date: _____	President / GS Signature & Seal
Social Project VP: _____		
Central Committee		
Approved / Not Approved: _____	Date: _____	
		President / GS Signature & Seal
Social Project VP: _____		
Ref No : FDG/ _____ / 2024		



Kuwait Kerala Muslim Association

Dialysis Application Form [Relative]

Name of Applicant :	_____	KKMA ID :	_____
Branch :	_____	Mobile No:	_____
Name of Patient :	_____	Age:	_____
Patient Aadhar No. :	_____		
Relationship with Member:	_____	Proof Document (Attached)	_____
House Name :	_____	Village :	_____
Place :	_____	District :	_____
Panchayath :	_____	Signature of Applicant:	_____

Doctor / Hospital Recommendation

Start Date of Dialysis :	_____	No of dialysis in a Week:	_____
Name of Doctor :	_____	Signature:	_____
Doctor Seal	_____	If No Doctor Sign or Seal on form, please attach the medical document.	

Mahal / Jamaath Recommendation

Patient residing in Mahal Jamaath:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	President / Secretary Signature, Seal & Date
Patient deserves the charity help:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

For office Use Only

Branch Committee	Date:	Br.President / GS Signature & Seal
Social Project VP : _____		
Zonal Committee	Date:	President / GS Signature & Seal
Social Project VP : _____		
Central Committee		
Approved / Not Approved: _____	Date:	_____
		President / GS Signature & Seal
Social Project VP: _____		
Ref No : FDG/ _____ / 2024		