



# Kuwait Kerala Muslim Association

## Medical Assistance Program (MAP)

Application No.

00025

1. The application form to be duly filled and medical report to be attached.
2. If required, member need to produce the salary certificate.
3. KKMA Central Committee has the final authority of accept and reject the application.

Name of Applicant :		KKMA ID :	
Applicant Mobile No :		Year of Join:	
Name of Patient :		Relationship with Member	
Aadhar No of Patient :			
House Name :		Village :	
Place :		District :	
Panchayath :		Mobile No :	
Applicant Job:		Monthly Salary (KD):	
Name of the company:		Other Income (KD) :	

### Details of Patient's Dependents:

Wife :		Age:	
Father:		Mother:	
Name of Childrens	Age	Job	Income
Brother/ Sister	Age	Job	Income

### Details of Disease:

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**KKMA-SP DEPT.**

Hospital/ Details of Doctor:

Name of Hospital : \_\_\_\_\_ Tel. Number : \_\_\_\_\_

Name of Doctor : \_\_\_\_\_ Mobile No : \_\_\_\_\_

Place : \_\_\_\_\_ District : \_\_\_\_\_

Doctor's Advice : \_\_\_\_\_

**Mode of Treatment:**

Urgent

Non-Urgent

Expected Hospital Expense

**Bank Details**

Name of A/C Holder: \_\_\_\_\_ A/C Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch : \_\_\_\_\_ IFSC : \_\_\_\_\_

**Declaration**

I declare that the information I have given this for is correct and complete and I agree that you will use the information I have to provide to process my claim for medical assistance.

Signature of Applicant: \_\_\_\_\_

**For Office Use Only**

Application Received Date : \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Branch Report : \_\_\_\_\_

Social Project Vice President: \_\_\_\_\_

Branch President: \_\_\_\_\_

Zonal Review and Recommendation: \_\_\_\_\_

Social Project Vice President: \_\_\_\_\_

Zonal President: \_\_\_\_\_

Application Received by Central: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

Central Vice President

Central VP Comments if any

Amount Approved