

(Please use BLOCK LETTERS (capital letters) for filling the application form)

[illegible][illegible][illegible][illegible]

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[illegible]

TATA TRUSTS

19. Family Details:

Sr. No.	Name of Family Members	Relationship to patient	Age	Occupation	Monthly Income (Rs.)
1.					
2.					
3.					
4.					

* If you don't have space in the above table, please add the details in an additional sheet.

20. Please give details regarding **financial assistance** sought from **other trusts / organizations**:

Sr. No	Name of trust / organization	Applied on	Amount sanctioned or to be considered / OR refused, pending, any other
1.			
2.			
3.			
4.			
5.			

* If you don't have space in the above table, please add the details in an additional sheet.

21. Any other information

22. I declare that the above facts stated/mentioned and particulars given by me are true and correct.

Date

Signature of the applicant

Signature of the patient

Application received on:

(This field should be filled by TRUST)

Note: In case of thumb impression, please get it attested by the authorized person.

SIR DORABJI TATA TRUST • SIR RATAN TATA TRUST • JAMSETJI TATA TRUST • N.R. TATA TRUST • J.R.D. TATA TRUST

Consent for sharing personal information of Self / Family Member(s) / Relative(s) / related Third Party(ies)

- (i) I, Mr./ Ms./Mrs. _____ (“Patient / Applicant”) have voluntarily shared my Personal details as well as Personal Details of _____ (Family Member(s) / Relative(s) / related Third Party(ies) post seeking his / her consent.
- (ii) I am giving the consent out of my own free will and without coercion for sharing and processing my personal information and that of (Family Member(s) / Relative(s) / related Third Party(ies) post seeking his / her/ their consent after understanding the rights described below which are available to me in relation to the personal information furnished.
- (iii) The Personal information of myself as well as of Family Member(s) / Relative(s) / related Third Party(ies) is factually correct. I say that the Trust can share the information with other Charitable Organisation(s) or Vendor(s) or consultants / external experts who are associated for processing it in digital form and uploading it on the legally recognised servers and protecting my Personal information / data as per applicable laws, who are responsible to the Trust.
- (iv) The Trust will have a right to retain Personal information / details of myself as well as Family Member(s) / Relative(s) / related Third Party(ies) for the purpose stated above as per the Trust’s Privacy Policy and applicable Indian Laws and the same can be processed/ transferred to any location in India to digitise and analyse.
- (v) I, hereby agree to receive any communications from the Trust for further collection of my information related to my Application.
- (vi) I say the contents mentioned above have been read by me/ explained to me (Strikeout which is not applicable) and the same have been fully understood by me.
- (vii) I say that I understand that the Trust will keep personal details of myself / Family Member(s) / Relative(s) / related Third Party(ies) in the manner and for the period required as per the Privacy Policy of the Trust.

Full Name of Patient / Applicant : _____

Signature: _____

Date: _____

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If Patient / Applicant is below 18 years of age or mentally incapacitated

Name of Guardian : _____

Signature: _____

Legal Relationship:

Date: _____

Contact method (email or phone): _____

Name of the Grievance Officer: Mrs. Kumudini Todankar

Designation : Assistant Manager

Contact method (email) : igpmed@tatatrusters.org

In respect of the Personal Information shared by the Patient / Applicant to the Trust, the Patient / Applicant will be entitled to the following rights in relation to the Personal Information shared:

- (i) to check whether and what kind of personal data we hold about you and to request copies of such data, provided your request is not manifestly unfounded or excessive.
- (ii) to seek correction of your personal information except corrections in income certificates, salary slip and medical certificates, provided that you shall furnish only such information as is verifiably authentic, while exercising the right to correction;
- (iii) to withdraw your consent to use your personal information till the application is processed and before the grant is disbursed
- (iv) to file complaints / grievances to the Grievance Officer assigned as per contact details mentioned above, for the _____ (details of grant), in writing in relation to the processing of personal information for the purpose it was collected.
- (v) to lodge a complaint with the competent authority under the applicable laws, should there be any non-redressal of your grievance(s) by the Trust.
- (vi) to nominate any individual who shall in the event of death or physical or mental incapacity exercise your rights in accordance with applicable data protection laws.

The Patient / Applicant may exercise one's rights described above diligently. It is to be noted that Patient / Applicant shall personally be responsible for sharing not only its Personal information but also of his/her Family Member(s) / Relative(s) / related Third Party(ies) , as required.

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INSTRUCTIONS, TERMS & CONDITIONS

The application, its consideration (including acceptance, modification or rejection thereof) and anything done pursuant thereto shall be governed by the terms and conditions mentioned herein ("Terms"). By submitting the application, the applicant agrees and confirms that it shall be governed by the Terms as also any other requirements/ terms & conditions, as the Trust may stipulate subsequently.

1. Application form for a Medical Grant is available on www.tatatrusts.org
2. Medical grant is open only to Indian citizens residing in India.
3. Applications for the Medical grant should be submitted either by the patient or by the patient's immediate family member (father/mother/husband/wife /son/daughter/sister/brother- "Applicant").
4. The applicant for the Medical grant should be above 18 years of age.
5. No age limit for patient.
6. Incomplete forms will be rejected and no correspondence will be entertained in this regard.
7. Submitting an application form to the Trusts' Office does not guarantee a Medical Grant from the Trusts. The Trusts' decision to award medical grants, or otherwise, will be informed to the applicant. No explanation whatsoever would be given if the application is rejected.
8. Any surgery purely for cosmetic reasons shall not be considered.
9. Reimbursement of hospitalization expenses may be considered within 3 months of discharge from a recognized hospital.
10. Original bills / receipts from hospital should be submitted upon request. Duplicate bills / receipts / certificates from the hospital will not be accepted.
11. For cases that are declined, original bills will be returned; however, other documents will be retained by the Trusts.
12. The Trusts do not have any intermediaries / agents. Applicants are advised to beware of such individuals that claim to represent the Trusts and demand a share from the grant, if sanctioned. In case any such demands are made, applicants are requested to kindly bring the matter to the notice of the Head of Department, immediately.
13. Apart from the above instructions, it is hereby informed that the decision of the Trustees would be final and binding on all matters and on all persons pertaining to the application.
14. Applicants can submit the medical application form in person at the Trusts' office at Mulla House (between 10:00 a.m – 5:00 p.m on weekdays), or send it by Post or email to igpmed@tatatrusts.org Missing supporting documents, if any, should be submitted within 5 days from receiving the request for submission of the same (the Trusts may request for supporting documents through email / phone call / post). If the missing documents are not submitted within stipulated period, the application will be closed and no further correspondence on the matter shall be entertained.
15. Application forms with incomplete / manipulated / false information, which found to mislead the Trusts, shall be treated as void and **legal action will be taken** as deemed necessary.

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16. Documents CHECK LIST attached.
17. The Applicant shall provide full and all material facts of the patient's case in the Application form and also agrees to submit / clarify any queries raised by the Trust. The Applicant also agrees that he / she shall promptly share the details of the grant, if received from any other charitable organisation or other source by submitting relevant supporting document(s), as applicable.
18. The Trust will follow its internal process in getting this application processed.
19. The Trust (including its Trustees, Officials, Advisors) shall not be responsible/ liable to the Applicant / representatives /heirs in any manner whatsoever including but not limited to rejection/modification of application, or any issues arising pursuant to the treatment of the patient.
20. The Trust reserves the right to increase, decrease or cancel ("change") the grant amount at any stage.
21. This application and any matters arising pursuant thereto, shall be governed by the applicable laws of India and be subject to the exclusive jurisdiction of courts in Mumbai.

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Documents checklist (clear photocopies / scans):

MANDATORY DOCUMENTS:

1. Aadhar card of the patient and applicant
2. Latest Income Proof of all earning members
 - a. If salaried - latest Income Tax Return / latest Salary Slip / Income Certificate
 - b. If pensioner - Pension Passbook with last one year's entries
 - c. If employed in an unorganized sector- Self declared income proof
3. If the treatment is ongoing or yet to commence, please attach a copy of the treating Doctor's certificate, stating, ailment, treatment advised and the break-up of the estimated cost of treatment (Attached is the Format of Doctor's Certificate).
4. Diagnostic Reports.
5. Organ Transplant cases - to submit an NOC from the Authorization Committee of the hospital.

SUPPORTING DOCUMENTS

1. Cancelled cheque from patient's / applicant's bank account.
2. If the patient has been discharged from the hospital, please attach a photocopy of the discharge card/summary, interim bills, Original Final bill, deposit receipts, final settlement receipt and cash memos of the medicines purchased along with the Doctor's prescription.
3. If original bills are submitted to TPA/Insurance company, then a correspondence from them mentioning: (i) the amount Insured; (ii) amount of original bills submitted; (iii) the amount sanctioned from the Insurance Company; (iv) the amount of original bills and receipts retained by them.
4. If claim is under process, please attach photocopy of the Mediclaim policy.
5. Letter from the Employer of all earning members mentioning whether the patient is eligible / not eligible for any kind of medical assistance.
6. If payments are made by cheque and credit/debit card, kindly submit the copy of Bank Passbook/Statement showing the transaction.
7. Attach list of individual donors & trusts applied, sanctioned and grants received.
8. Trusts may ask for additional documents at any point during the application processing.

Hospital Letter Head

Date:

To
Tata Trusts
Mulla House, 3rd Floor,
51, M.G Road, Fort
Mumbai – 400 001

Patient Name and Hospital No.:

Treating Doctor's Name:

Ailment:

Particulars	Details to be filled in by the Hospital
The period when patient was diagnosed with the ailment.	
Investigative modality confirming the diagnosis	
Clinical Summary of the patient in brief	
The period since when the patient is under treatment for the given condition and the name of the hospital/s (if it's more than one hospital, please mention total duration of the treatment together)	
Brief on the earlier treatment given to the patient	
Current status of the patient: Admitted / Discharged (To mention the date, if discharged)	
Current condition of patient – stable at hospital / stable at home /critical at hospital	
Current prescribed treatment (for which financial support is requested)	
Different treatment options for the given Diagnosis	
Reason for this particular treatment suggested to treat this patient	
Concession, if any offered by the Hospital on current treatment	
Current estimated cost with break – up.	

Treating Doctor's Name
Designation & Signature

Stamp/Seal of the Hospital/Doctor

Contact Number of the Doctor

Hospital Letter Head

Date:

To

Tata Trusts
Mumbai

Patient's Name:

Government Schemes Eligibility

Particulars	Details to be filled in by the Hospital
<ul style="list-style-type: none">• Eligibility of State Government Medical Scheme:• If Yes – Mention the eligible / coverage amount.• If not eligible / covered – mention reason for the same.	
<p>1. Eligibility of Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana:</p> <ul style="list-style-type: none">• If Yes – Mention the eligible / coverage amount.• If not eligible / covered – mention reason for the same.	

Name of the Social Worker / Hospital Authorities

Designation & Signature

Stamp/Seal of the Hospital

Contact details