



# വെസ്കോസ മലയാളി അസോസിയേഷൻ

## ഒമ്മാം, സൗദി അറേബ്യ

Photo of Patient (If any)

**‘മഹനീയ ജീവൻ മഹത്തായ ജീവിതം, ആ ജീവന്റെ സംരക്ഷണം മഹത്തായ ലക്ഷ്യം’**

### TREATMENT HELP REQUEST FORM

Applicant Name : \_\_\_\_\_

Applicant Department/Section : \_\_\_\_\_ Mobile No : \_\_\_\_\_

Patient Name : \_\_\_\_\_ Age

Sickness : \_\_\_\_\_

Relationship between Applicant and Patient : \_\_\_\_\_

Patient Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient District : \_\_\_\_\_ Current Place : \_\_\_\_\_

Patient / Contact Person Name : \_\_\_\_\_

Patient / Contact Person Landphone : \_\_\_\_\_

Patient / Contact Person Mobile No : \_\_\_\_\_

Patient / Contact Person Email : \_\_\_\_\_

#### Declaration.

I \_\_\_\_\_ hereby declare that the above mentioned information are from my knowledge and true, I agree with the bilaw of the Association and I will utilize my efforts and time for the prosperous of my Association.

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

**Submit application along with supported documents from the concerned Doctor and Authorized Officials.**

**For the use of Executive Committee**

Approved amount in Saudi Riyal.  SI No.  Date : \_\_\_\_\_

Justification for approval \_\_\_\_\_  
\_\_\_\_\_

Enquiry done By :  
Secretary \_\_\_\_\_

Reviewed By :  
General Secretary \_\_\_\_\_

Approved by :  
President \_\_\_\_\_