

THE WORLD ZOROASTRIAN ORGANISATION TRUST

Registration no. E/1323 – Valsad 30.05.1991

Registered Address: WZO Senior Citizens Centre, Pinjar Street, Malesar, Navsari 396 445.

Please reply to:

SHANTI, 5th Floor, 6 Banaji Street, Fort, Mumbai 400 001. India.
Tel No. 91-22- 22813718; 91-22- 22813719. Fax No. 91-22-2281 0560
E-mail: beedee@vsnl.com

Application Form for Medical Assistance

Form issued on: _____

Name & address of beneficiary:

Applicants are advised to note the following: -

- WZO Trust acts only as a facilitating agency and recommends cases to donors. Funds are transmitted to applicants only if the donors remit the same through WZO Trust. Donors decide the appeals they wish to support and the quantum. If response is not received within three months, it should be assumed that donor support has not been forthcoming.
- In cases of hospitalization, donors have advised us to accept and forward appeals only from applicants who have availed of treatment in the general wards. Applications for treatment availed of in semi-private or private rooms are not considered unless necessitated due to medical reasons.
- Please attach copies (not originals) of all bills, doctor's notes and diagnosis. If donors decide to support the appeal, original bills (nearest to amount sanctioned) will have to be submitted before cheque is issued.
- Please complete the form in all respects; all items must be filled in. Incomplete forms will not be forwarded to donors, but will be filed without any further intimation to the prospective beneficiary.

Space in box below is for office use only. Please do not write anything in this box.

Date: _____

1. Name:

2. Age:

3. Address (including pin code):

4. If applicant has an additional address please mention the same:

5. Telephone Contact Nos:

6. Brief nature of illness:

7. Amount spent: Rs. _____

8. Amount requested: Rs. _____

9. Total family income (annual): Rs. _____
(Please attach proof of income such as copies of income tax returns. If not assessed to income tax, please submit Xerox copy of bank pass book over last 24 months).

10. Names of other Trusts to whom applied:
(please attach additional sheet if necessary).

a)
b)
c)
d)
e)
f)

**11. Amount/s received so far & from whom:
(please attach additional sheet if necessary).**

Name of Trust	Amount
a)	
b)	
c)	
d)	
e)	
f)	

12. a) Did the applicant seek medical treatment at Mumbai's B. D. Petit Parsi General Hospital?

b) If not, was there any reason why?

Signature