



ALL KERALA PHOTOGRAPHERS' ASSOCIATION

Regd. No. E.R. 15/85

STATE COMMITTEE

Office : AKPA Bhavan, Arangath Cross Road, Palleppady, Ernakulam - 682 018.
E-mail: akpasc@gmail.com. Website: www.akpa.in

AKPA State Welfare Fund (State Committee)

ESTIMATE OF EXPENDITURE

(To be obtained from the consulting Doctor & countersigned by the authorized person of the Hospital concerned and submitted along with the application for financial under AKPA State Welfare Fund)

1. Name & Address of the Hospital :
2. Name of Patient:
3. Address : (as per hospital records)
 - i. House Name / No.:
 - ii. Place / Village
 - iii. Grama Panchayat/Municipality/Corporation :
 - iv. Post Office : PIN :
 - v. Taluk: vi. District :
4. Age : 5. Name of Father / Mother / Husband :
6. Registration No. / IP No.: Date :
7. Diagnosis :
8. Proposed date of Operation :
9. Priority of treatment / Operation : Emergency / within 3 months / within 3 to 6 months
10. Approximate period of treatment required :
11. Approximate expenditure for :
 - a. Surgery Rs.
 - b. Chemotherapy / Radiation Rs.
 - c. Dialysis Rs.Total Estimated expenditure : Rs.
12. Whether the patient has availed / proposed to avail any financial assistance from State / Central Govt. If so please give details :
13. Remarks:

Signature
Name & Designation
of the Consulting Doctor

Signature
Name & Designation
Head of the Hospital / Authorized signatory

Date :

(Office seal)