



# Grand Lodge of India

FREEMASONS'HALL, JANPATH, POST BOX NO.681, NEW DELHI 110001  
Ph.: 91 (11) 23321956,23321949 . Telefax : 91(11) 23320276 Grams : 'Masonic'  
E-mail : [grandlodgeofindia1961@gmail.com](mailto:grandlodgeofindia1961@gmail.com). Website: [www.masonindia.org](http://www.masonindia.org)

## ENROLLMENT FORM

Date of Application: \_\_\_\_\_

Patient's Name : \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Nature of Illness: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

Name of father / spouse (please specify) \_\_\_\_\_

Occupation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_

Residence Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Name of care-giver / principal contact:: \_\_\_\_\_ Relationship : \_\_\_\_\_

Mailing Address of care-giver / principal contact: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Care-giver Phone (1): \_\_\_\_\_ Care-giver Phone (2) : \_\_\_\_\_ Care-giver Mobile Phone : \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Father / Spouse signature: \_\_\_\_\_

**Attestation by Treating Physician (To also sign and stamp across photo)**

**Patient's Current Photo**

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

Signature: \_\_\_\_\_

Stamp & Date: \_\_\_\_\_

**Cancer Aid Fund**  
From  
**Grand Lodge of India**



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## FINANCIAL DECLARATION

(To be completed by the patient / parent)

**Income details of all the earning members of the family must be provided.**  
**All relevant documents mentioned in the "Documents Required" Matrix must be provided.**  
**Bank statements (last six months) of all accounts mentioned above to be attached.**

Pt's First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Sex \_\_\_\_\_

Current Address : \_\_\_\_\_

City : \_\_\_\_\_ PIN: \_\_\_\_\_ State : \_\_\_\_\_

Permanent Address : \_\_\_\_\_

City : \_\_\_\_\_ PIN: \_\_\_\_\_ State : \_\_\_\_\_

Phone Numbers : \_\_\_\_\_ E.Mail : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ (in dd/mm/yyyy format) or Approximate Age : \_\_\_\_\_ Years

### Medical Insurance :

Insurer	Type	Amount Covered

### Life Insurance with Medical / Critical Illness benefits :

Insurer	Type	Amount Covered

### Medical Re-imbusement : (Eg.: Cost of Medicines, OPD Procedures, Hospitalization etc.)

- I do not have
- I have complete coverage
- I have partial coverage details are: \_\_\_\_\_

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Name of the Employer \_\_\_\_\_

Does your employer reimburse the cost of your treatment ? : Yes / No \_\_\_\_\_

Reimbursement Limit (Annum): \_\_\_\_\_

## Patient's Household Financial Information

How many people live in your house (Give names, age and relationship; include the patient)? :

\_\_\_\_\_

How many people are earning in the house (including the patient) ? : \_\_\_\_\_

Name	Occupation	Employer	Annual Income

Please list the Current Total Annual Household income (add the incomes of all members) for each item listed below :

1. Monthly Salary	Rs. X 12 Months	Rs
2. Income from Business or Profession		Rs.
4. Income from Properties		Rs.
5. Income Agriculture		Rs.
6. Income from Others Sources		Rs.
<b>TOTAL ANNUAL HOUSEHOLD INCOME (All members included)</b>		Rs.

Are you eligible for these reimbursements: CGHS/ ESIC/ Army/ Railway/ Public Sector Unit etc:

YES       NO      Please specify Limit : Rs. \_\_\_\_\_

I hereby declare that the information given above is complete and accurate. I am aware that checks may be performed to verify above information and that I may lose the benefit of the Cancer Aid Fund if the information provided above is incomplete or inaccurate.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*The Application, complete in all respects, including the cheque / DD towards the Sponsor Contribution favouring "Grand Lodge of India Fund of Benevolence" is to be submitted to the Grand Lodge of India; any time during the year.*

*An electronic copy of the entire application, created by scanning-in all the necessary forms and documents into a single MS WORD File bearing the patient's name as the Filename MUST be submitted by email to: [glicanceraidfund@gmail.com](mailto:glicanceraidfund@gmail.com).*

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## DOCUMENTS REQUIRED MATRIX

1.	<b>Patient Enrollment Form</b>	Duly filled and signed by Patient / Caretaker / Legal Guardian / Legal Representative
2.	<b>Photographs</b>	Two Latest passport size photographs of the patient, one of which is to be pasted in the enrollment form
3.	<b>Sponsor letter</b>	A letter of recommendation from the Sponsoring Lodge, specifying special circumstances, if any.
4.	<b>Sponsor contribution</b>	The entire Sponsor Contribution by the Sponsoring Lodge is to be paid initially to the Grand Lodge of India by a Demand Draft or Multi-city Cheque favouring "The Grand Lodge of India Fund of Benevolence".
5.	<b>Medical records</b>	01. Discharge summaries 02. Imaging (scan) reports 03. Pathology (biopsy ) reports 04. Treating physician's comprehensive medical certificate specifying (a) diagnosis and stage, (b) treatments already received (c) treatment plan for the next four months as a minimum, detailing the specific surgery / nature of radiotherapy / specific chemotherapy protocols planned (e) item-wise break-up of anticipated expenditure in each of the treatment categories over the next four months (f) total anticipated medical expenses over the next four months (g) other particulars as considered relevant.
6.	<b>Ration Card</b>	Copy of Family ration card is mandatory.
7.	<b>Identify Proof with photograph</b> (Any one)	01. Passport / PAN Card / Voter ID Card / Driving License 02. Ration Card bearing Photograph. 03. Defense ID Card / Govt ID Card / ID Card from Company 04. School / College ID Card 05. Pension Passbook bearing Photograph 06. Bank Passbook bearing Photograph 07. Letter from Local Admin Body with attested photograph.
8.	<b>Age Proof</b> (Any one)	01. Passport / PAN Card / Voter ID Card / Driving License 02. Birth Certificate issued by Government Dept 03. School Certificate with Date of Birth 04. Life Insurance Policy or Premium Receipt
9.	<b>Address Proof</b> (Any one)	01. Passport / Ration Card / Voter ID Card / Driving License 02. Latest Telephone / Electricity Bill 03. Latest Municipal Property Tax receipt 04. Property Ownership proof in the form of Sale Deed 05. Gas Connection Receipt / Bill / Gas Card. 06. Latest Computer-generated Bank Account Statement.
10.	<b>Financial Declaration Form</b>	As per format in the prescribed application forms, to be filled up completely.
11.	<b>Income Proof</b>	Please provide sufficient documentary proof of income, as claimed by the applicant in the Financial Declaration section.
12.	<b>Bank Account</b>	First page of Pass Book and entries for last six months. Account No and Photo should be clear and legible.

*The Application, complete in all respects, including the cheque / DD towards the Sponsor Contribution favouring "Grand Lodge of India Fund of Benevolence" is to be submitted to the Grand Lodge of India; any time during the year.*

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