

Cancer Patients Aid Association

Smt. Panadevi Dalmia Cancer Management Centre, King George V Memorial,
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CPAA

Annexure - 1 Student Education Scholarship/Skill Development Course Application Form

PERSONAL INFORMATION				PHOTO (Do not staple)
Applicant's Name:				
First name	Middle name	Last name		
Date of birth:	/ /	(dd/mm/yyyy)		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Others			
Mobile number:	Email id:			
Address: (Local)				
City:		State:		
Country:		Pincode:		
PAN:		Aadhar number:		
CPAA Reg no:				
Have you received aid from CPAA:		Year of receiving aid:		
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Details of aid received:				
Guardian Name:				
First name		Middle name	Last name	
Relationship with Applicant:				
Mobile number:		Email id:		

FAMILY DETAILS					
	Name	Relationship	Age	Occupation	Income (pa)
1					
2					
3					
4					

DETAILS OF TREATMENT

Type of Cancer:			
Treatment status:			
Hospital Name:			
Address:			
City:		State:	
Country:		Pincode:	

DETAILS OF COURSE AND SCHOOL / COLLEGE / INSTITUTE

Full Name:			
Address:			
Name of Course / Degree			
University:			
Duration of Course:	Academic Year of Course:		
Current Grade:			
Total Course Fees (INR):	Instalments:		
Checklist of Documents:	<input type="checkbox"/> Photo <input type="checkbox"/> Photo ID <input type="checkbox"/> Pan Card <input type="checkbox"/> Aadhar Card <input type="checkbox"/> Bonafide Certificate from Institute <input type="checkbox"/> Course Fee from Institute		

BANK DETAILS

Account Holder:	Bank Name:
Account No:	Branch:
Account Type: <input type="checkbox"/> Saving <input type="checkbox"/> Current	City, Pincode:
IFSC Code:	PAN (account holder):

Terms / Disclaimer

- Enrolment does not ensure eligibility of aid.
- Processing of documents may take up to take 15 working days.
- Aid will be given as per availability of funds and as per Management's discretion.
- CPAA will be able to financially support a patient for maximum of 3 years only.

I understand the terms of the disclaimer.

Signature / Thumb impression of Patient