

Cancer Patients Aid Association

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

Application form for Patient Registration

PERSONAL INFORMATION			PHOTO	
Patient Name:	_____	_____		PHOTO
	First name	Middle 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:	
Address: (Permanent)	_____			
City:	_____		State:	
Country:	_____		Pincode:	
PAN:	_____		Aadhar number:	
Profession:	<input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Labour <input type="checkbox"/> Student <input type="checkbox"/> Currently Unemployed			
Annual Income:	Rs. _____			
Recommended by:	<input type="checkbox"/> General <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital <input type="checkbox"/> Social Worker <input type="checkbox"/> Donor <input type="checkbox"/> CPAA Volunteer <input type="checkbox"/> CPAA Staff (Name: _____)			
Case Summary / History:	_____			
Lifestyle Risks:	<input type="checkbox"/> Family History of Cancer <input type="checkbox"/> Tobacco: Smoking <input type="checkbox"/> Tobacco: Chewable <input type="checkbox"/> Red Meat <input type="checkbox"/> Alcohol Remarks: _____			

FAMILY DETAILS

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

DIAGNOSIS

Type of Cancer:					
Site of Cancer:		Stage of Cancer:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Prognosis:	<input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Palliative	Duration of treatment advised:	months		
Treatment advised:					

BANK DETAILS (If patient does not have a bank account, Give details of a relative's bank account)

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

DOCTOR / HOSPITAL / TREATMENT CENTER

Name of Doctor: _____

Designation / Dept: _____

Hospital Name: _____

Address: _____

City: _____

State: _____

Country: _____

Pincode: _____

Signature of Doctor: _____

Remarks: _____

Checklist of Documents Photo | Estimate Cost Certificate | Aadhaar Card | Pan Card | Cancelled Cheque
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