



CANCER CARE FOR LIFE

(A Welfare Scheme of Regional Cancer Centre, Thiruvananthapuram)

Application Form for Individual / Family* Membership
(Third Series)

Appln No:

Applied for	Scheme A	Scheme B
-------------	--------------------	--------------------

*Family includes spouse & dependent children only
Use Capital Letters while filling the application form

Memberships Amount
(Rs.)

Name of first Applicant			
Name of second Applicant			
Name of third Applicant			
Name of forth Applicant			
Name of fifth Applicant			
Mode of Payment	Cash	Cheque	DD
No.			
Total			
Name & Place of Bank			
Address for Communication			

Pin :	Phone:	Email:
-------	--------	--------

	Age	Date of Birth (DD/MM/YYYY)	Sex		Occupation
First Applicant			Male	Female	
Second Applicant			Male	Female	
Third Applicant			Male	Female	
Fourth Applicant			Male	Female	
Fifth Applicant			Male	Female	

1. Govt. Servant
2. Private
3. Business
4. Foreign Employment
5. House Wife
6. Self Employment
7. Agriculture
8. Student
9. Unemployed

Father's Name of first Applicant	
----------------------------------	--

Mother's Name of first Applicant	
----------------------------------	--

I/We agree to abide by the rules and conditions laid down in the prospectus for the 'Cancer Care for life' scheme offered by the Regional Cancer Centre, Thiruvananthapuram. I/We also agree to accept any decision of the Centre as final regarding my/our membership, facilities and such other things related to my/our treatment. I/We declare that the details given herein are true to the best of my/our knowledge and belief. I/We declare that, whose name(s) are included have not diagnosed / taken cancer related treatment earlier.

Date		/		/			
------	--	---	--	---	--	--	--

Signature / thumb impression of Applicants

First		Second	
-------	--	--------	--

Fourth		Fifth	
--------	--	-------	--

Bank Seal

Date:

For use in Bank

Date:

Received the application for membership of Cancer Care for Life Scheme along with cash/cheque/DD No..... drawn on.....
For Rs.....(Rs.....) being the application money payable thereof.

Accountant/Manager cashier

Bank Seal

Acknowledgement

Date:

Received from Smt/Sri..... an application for membership of Cancer Care for Life Scheme along with cash/cheque/
DD No..... drawn on..... for Rs..... (Rs.....)
being the application money payable thereof.

Address for Correspondence "The Director, Regional Cancer Centre, Thiruvananthapuram 695 011" Phone:2442541 URL: www.rcctvm.org