

AMRITA VISHWA VIDYAPEETHAM, BENGALURU
STAFF WELFARE BENEVOLENT FUND

Application for Relief Assistance

Name of the Applicant	:
Age	:
Aadhaar Card No.	:
Designation	:
Department	:
Date of Joining Amrita Vishwa Vidyapeetham	:
Annual Income	:
Source of Income	:
Covered under ESI/Group Medical Insurance, if yes, details to be provided	:
Name of the Spouse	:
Age	:
Occupation	:
Annual Income	:
Source of Income	:
In case employed, covered under ESI / Medical Insurance, if yes, details to be provided	:
Details of dependent children	:
Details of dependent parents	:
Purpose of request	:
Nature of disease / ailment / treatment required	:
Quantum of assistance required for treatment as provided as per estimate given by the hospital	:
Has the applicant received any assistance from this fund earlier, if yes, details to be given details to be provided	:
Any other relevant information	:

Date :

Signature of the Applicant

Recommendations of the Staff Benevolent Fund Committee

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