

Socio Economic Assessment Form:

1.	MRN No.			10./	107 /11			
2.	Patient Name			15060000127064				
3.	Gender (Male/Female)		-	ROOP SINGY				
4.				MACE				
5.	Nationality			20102/1959				
6.	Religion			INDIAN				
7.	Marital Status			MINDO				
8.	Qualification			MARRIED				
9.	Parent/Guardian name			UDAL B.				
	(relationship with patient)							
10.	0. Address & Contact No.		1	R-128 Gayray thom				
			An	B-138 Gaurav Kapar Anand Napar Gali'Mo J-Bem Nagar 2 Kijom' Sule Man Napar Nikari , North Westr Delli 110086				
			1/1	Ara san 2 Kiron Cule man Napan				
			1 410	(//VIV) · I(/	rorri Sicc	L'ICITIVE TO		
			Ali	basi No	the West	Della		
			Ni	havi , No	the West	Della		
			Ni	Havi , No	the West	Delly		
11.	Family details:		Ni	Havi No	the West	Della		
11.		Relation				Della		
11.	Family details:	with Patient	Age	Qualification	Occupation			
11.		with Patient	Age		Occupation	Monthly Income		
11.	Name	with Patient		Qualification § 45	Occupation	Monthly Income		
ROO	Name	with Patient SEOF Shoule	Age	Qualification	Occupation	Monthly Income		
ROOVIN	Name PS/NCM NCA DEVI	with Patient SEOF Shoule	Age	Qualification § 45	Occupation	Monthly Income		
ROOVIN	Name PSINCY ILA DEVI CHAMP KUMPY	with Patient SEOF Shoule	Age	Qualification Pho Sub (ob)	Occupation	Monthly Income		

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1	2. Personal Information above	Charlable Irust				
	personal Information about patient and family background:					
	Who is water Shop. Poor &	only pedion in family ocio economic statem.				
13	, dily.	A /A				
14	. Referred by and contact person	7017				
	(Camp, Other Hospital, NGO, staff or others)	NA				
15	O	DR. VIICAS CAPUR				
16	Diagnosis: Rh TEPHLLINIa	Repo				
17.	Treatment details: Scupery Reco Herria	mmended BITTEP				
18.	Intent of treatment	Curative/ palliative				
19.	Expected 5 yrs. survival rate %	01-1-2				
20.	Admission Date	8/2/2023				
21.	Surgery Date	9/2/2023				
23.	Discharge Date Total and the first treatment	199910 -				
-	Total estimated cost of treatment	1110				

	Patient contribution	Chantap	e IIusi	
24	patient contribution	100-1		
25	Tarred of Patient a	15000		
1	3001	Savings- Borrowings- 5000 Sale of an asset-		
		Any other -		
25.	Support from other	The strict of th		
201	Scheme/Foundation/Crowd	010		
		NA		
	funding			
26.	Nature of accommodation	10m MEA		
	(Owned/rented house, quarters)	RENTED		
-				
27.	Other Asset detail	NA		
	MODIFIED KI	UPPUSWAMY SCALE		
28	Occupation of Head	Legislators, Senior Officials		
		and Managers	10	
		Professionals	9	
		Technicians and Associate		
		Professionals	8	
		Clerks Skilled workers and Shop and	7	
		Market sales workers	6	
		Skilled agricultural and		
		fishery workers	5	
		Craft and Related trade		
		works	4	
		Plant and Machine operators and assemblers		
		Elementary occupation	3	
		Unemployed	2	
29	Education of Head	Profession or Honours	7	
	·	Graduate	6	
1		Intermediate or diploma	5	
		High School Certificate	4	
	c c	Middle School Certificate	3	
		Primary School Certificate	2	
		Illiterate	1	
30 1	Monthly Family Income	>78,062	12	
		39,033-78062	10	
		29200-39032	6	
		19516-29199	4	

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		11708-19515	3		
		3908-11707	2		
		<3908	1		
31	Score as per Modified	Upper	26 to 29		
	Kuppuswamy scale	Upper middle	16 to 25		
		Lower middle	11 to 15		
		Upper lower	5 to 10		
	Converted in 100 f	Lower	<5		
32.	Copy of any of following ID Proof				
	of the patient:				
L	Aadhar Card	the state of the			
	- BPL Card				
	- Driving License				
	- PAN Card				
-	Ration Card				
	- Voter ID				
33.	Copy of documents stating				
	monthly/annual income or	INCOME (INCOME CERTIFICATE		
	economic background like				
	certificate from gram panchayat,				
	BPL Card, Ration Card etc.				
34.	Later Language Control				
	Name of Assessor	DR VICAS ILARON			
	Contact No.	912192200	20		
	Email ID				
	Date and Signature	8 2 2025	DR VIKAS KAPUR		
35.	Patient Declaration:				
	The information given ghove is true and complete;				
	large not in a position to afford the expense for the treatment described above,				
	I have no objection to the use of the name	e, photo and information	ioj my chita in trie		
	brochures, website and for fund raising a	ctivities;	Gurugram - 12004711		
1000	Patient/Family member Signature:				

Salphar Daughtar