

Narayana Hrudayalaya Charitable Trust



Socio Economic Assessment Form:

1.	MRN No.	127466
2.	Patient Name	Roshan Kumar
3.	Gender (Male/Female)	Male
4.	Date of Birth	01/01/2002
5.	Nationality	Indian
6.	Religion	Hindu
7.	Marital Status	Unmarried
8.	Qualification	
9.	Parent/Guardian name (relationship with patient)	Nand Kishor
10.	Address & Contact No.	Lodipuz Chak Pahar Uf Rampur, Vaishali, Bihar - 844507

11. Family details:

Name	Relation with Patient	Age	Qualification	Occupation	Monthly Income
Kiaan Devi	Mother	35	N/A	Private	10,000
Nand Kishan Maho	Father	38	10 th	Private	10,000

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12.	Personal Information about patient and family background:	<p style="font-size: 1.2em; color: blue;">Poor Socio economic condition city.</p>
13.	Medical History if any:	N/A
14.	Referred by and contact person (Camp, Other Hospital, NGO, staff or others)	N/A
15.	Admitting Consultant	Vikas Kapur
16.	Diagnosis:	Haemorrhoidectomy
17.	Treatment details:	Stappled Hemorrhoidectomy
18.	Intent of treatment	Curative/ palliative
19.	Expected 5 yrs. survival rate %	
20.	Admission Date	10/2/2023
21.	Surgery Date	16/2/2023
22.	Discharge Date	
23.	Total estimated cost of treatment	1,37,650

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24.	Patient contribution	15000/-	
25.	Source of Patient Contribution	Savings- Borrowings- Sale of an asset- Any other -	
25.	Support from other Scheme/Foundation/Crowd funding	NA	
26.	Nature of accommodation (Owned/rented house, quarters)	Rented	
27.	Other Asset detail	NA	
MODIFIED KUPPUSWAMY SCALE			
28	Occupation of Head	Legislators, Senior Officials and Managers	10
		Professionals	9
		Technicians and Associate Professionals	8
		Clerks	7
		Skilled workers and Shop and Market sales workers	6
		Skilled agricultural and fishery workers	5
		Craft and Related trade works	4
		Plant and Machine operators and assemblers	3
		Elementary occupation	2
		Unemployed	1
29	Education of Head	Profession or Honours	7
		Graduate	6
		Intermediate or diploma	5
		High School Certificate	4
		Middle School Certificate	3
		Primary School Certificate	2
		Illiterate	1
30	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 Kuppuswamy scale	Upper	26 to 29
		Upper middle	16 to 25
		Lower middle	11 to 15
		Upper lower	5 to 10
		Lower	<5
32.	Copy of any of following ID Proof of the patient: <ul style="list-style-type: none"> - Aadhar Card - BPL Card - Driving License - PAN Card - Ration Card - Voter ID 		
33.	Copy of documents stating monthly/annual income or economic background like certificate from gram panchayat, BPL Card, Ration Card etc.		
34.	<u>Recommendation by assessor :</u>		
	Name of Assessor	Dr. Vikas Kapur	
	Contact No.	8285315 722	
	Email ID		
	Date and Signature	16/2/2023	
35.	Patient Declaration: <i>The information given above is true and complete;</i> <i>I am not in a position to afford the expense for the treatment described above;</i> <i>I have no objection to the use of the name, photo and information of my child in the brochures, website and for fund raising activities;</i> Patient/Family member Signature:		

Roshan