



Narayana Hrudayalaya Charitable Trust

Please attach the
recent photo of the
patient

Socio Economic Assessment Form:

1.	MRN No.	15060000128177				
2.	Patient Name	MR. SAJAD Ahmad Anwar				
3.	Gender (Male/Female)	Male				
4.	Date of Birth	36 Yrs				
5.	Nationality	Indian				
6.	Religion	Muslim				
7.	Marital Status	Married				
8.	Qualification	NA				
9.	Parent/Guardian name (relationship with patient)	SAJAD Ahmad Anwar				
10.	Address & Contact No.	Jammu & Kashmir				
11.	<u>Family details:</u>					
	Name	Relation with Patient	Age	Qualification	Occupation	Monthly Income
	Mr. Sajad Anwar	Self	36	NA	Labourer	8000
	Ahmad Anwar	Brother	34	NA	"	5000

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12.	Personal Information about patient and family background:	
	<p style="font-size: 1.2em;">Patient belongs to poor family living in rented house.</p>	
13.	Medical History if any:	NA
14.	Referred by and contact person (Camp, Other Hospital, NGO, staff or others)	NA
15.	Admitting Consultant	Dr Shafiq Ahmed.
16.	Diagnosis: B/L Nephrolithiasis + Grade IV HDN.	
17.	Treatment details: B/L PENT. B/L PCNL	
18.	Intent of treatment	✓ Curative/ palliative
19.	Expected 5 yrs. survival rate %	
20.	Admission Date	24-02-2023
21.	Surgery Date	25-02-2023
22.	Discharge Date	27-02-2023
23.	Total estimated cost of treatment	1,74,450.

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24.	Patient contribution	Rs 90,000/-
25.	Source of Patient Contribution	Savings- ✓ Borrowings- Sale of an asset- Any other -
25.	Support from other Scheme/Foundation/Crowd funding	- NIL -
26.	Nature of accommodation (Owned/rented house, quarters)	Rented
27.	Other Asset detail	-

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
29	Education of Head	Unemployed	1
		Profession or Honours	7
		Graduate	6
		Intermediate or diploma	5
		High School Certificate	4
		Middle School Certificate	3
		Primary School Certificate	2
30	Monthly Family Income	Illiterate	1
		>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: - 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.	Income Certificate	
34.	<u>Recommendation by assessor :</u>		
	Name of Assessor	Dr. Shafiq Ahmed.	
	Contact No.		
	Email ID	788762658	
	Date and Signature	24/2/2023: <i>[Signature]</i>	
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:		

[Handwritten Signature]