

Narayana Hrudayalaya Charitable Trust

Please attach the recent photo of the patient

Socio Economic Assessment Form:

1.	MRN No.	15060000/26984			
2.	Patient Name	SANJAY			
3.	Gender (Male/Female)	MALE			
4.	Date of Birth	1984			
5.	Nationality	INDIAN			
6.	Religion	HINDU			
7.	Marital Status	MARRIED			
8.	Qualification	10th			
9.	Parent/Guardian name (relationship with patient)	Lt. Vasu Dev			
10.	Address & Contact No.	HNo 105 Old Pashan Pura Najafgarh South Delhi. 110043			
11.	<u>Family details:</u>				
	Name	Relation with Patient	Age	Qualification	Occupation Monthly Income
	Sanjay	Self	39	10th	Service 7000/-
	Usha Rani	Mother		-	Housewife -

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12.	Personal Information about patient and family background:	<p style="font-size: 1.2em; margin: 0;">Patient is only surviving member in family. Rs. 2000 - monthly income (Day on Rent bed 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:	<hr/> <hr/>	
17.	Treatment details:	<hr/> <hr/> <hr/>	
18.	Intent of treatment	Curative/ palliative	
19.	Expected 5 yrs. survival rate %		
20.	Admission Date	15/02/2023	
21.	Surgery Date	15/02/2023	
22.	Discharge Date	17/02/2023	
23.	Total estimated cost of treatment	123300/-	

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24.	Patient contribution	₹ 5000/-		
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	NO		
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
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.	<i>Income Certificate</i>	
34.	<u>Recommendation by assessor :</u>		
	Name of Assessor	<i>DR SHAFIQ AHMED</i>	
	Contact No.		
	Email ID		
	Date and Signature		
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: 		