

# Narayana Hrudayalaya Charitable Trust

Please attach the  
recent photo of the  
patient

## Socio Economic Assessment Form:

1.	MRN No.	15060000131592				
2.	Patient Name	Vimlesh Gangwar				
3.	Gender (Male/Female)	Female				
4.	Date of Birth	09-07-1992				
5.	Nationality	Indian				
6.	Religion	Hindu.				
7.	Marital Status	Married				
8.	Qualification	10 <sup>th</sup>				
9.	Parent/Guardian name (relationship with patient)	Suresh Babu (Husband)				
10.	Address & Contact No.	S/o Raja Ram, Vill - Khata Baheri Bareilly Uttarpradesh - 243203 9897156949				
11.	<u>Family details:</u>					
	Name	Relation with Patient	Age	Qualification	Occupation	Monthly Income
	Vimlesh Gangwar	Patient	31F	10 <sup>th</sup>	Housewife	—
	Suresh Babu.	Husband	35M	10 <sup>th</sup>	Pvt Job	10,000/-
	Kapil Gangwar	SON.	09	05 <sup>th</sup>	Study	—

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12.	Personal Information about patient and family background:	
		<p style="color: blue;">Patient family is very poor and not able to operate his wife due to financial weakness.</p>
13.	Medical History if any:	ASD.
14.	Referred by and contact person (Camp, Other Hospital, NGO, staff or others)	Camp.
15.	Admitting Consultant	Dr. Rachit Saxena.
16.	Diagnosis:	Op ASD.
17.	Treatment details:	ASD Surgical Closure.
18.	Intent of treatment	Curative/ palliative
19.	Expected 5 yrs. survival rate %	100%
20.	Admission Date	
21.	Surgery Date	
22.	Discharge Date	
23.	Total estimated cost of treatment	240,000/-

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24.	Patient contribution	150,000/-		
25.	Source of Patient Contribution	Savings- Borrowings- ✓ Sale of an asset- Any other -		
25.	Support from other Scheme/Foundation/Crowd funding	-NO-		
26.	Nature of accommodation (Owned/rented house, quarters)	Owned.		
27.	Other Asset detail	-NO-		
<b>MODIFIED KUPPUSWAMY SCALE</b>				
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	

Narayana Hrudayalaya Hospital  
 Unit of Narayana Health  
**Charitable Trust**

		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	Aadhar Card	
33.	Copy of documents stating monthly/annual income or economic background like certificate from gram panchayat, BPL Card, Ration Card etc.	Income Proof.	
34.	<u>Recommendation by assessor :</u>		
	Name of Assessor	Manoj. Kumar	
	Contact No.	9873588188	
	Email ID	manoj.kumar01@narayanahealth.org	
	Date and Signature	15-04-23 Manoj Kumar	
35.	Patient Declaration: The information given above is true and complete; I am not in a position to afford the expense for the treatment described above; 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; Patient/Family member Signature:		
			