

# THE CHARTERED ACCOUNTANTS' BENEVOLENT FUND (CABF)

## Application for Medical Financial Assistance for treatment of CORONA Disease

**The Member Secretary**  
**The Chartered Accountants' Benevolent Fund**  
**The Institute of Chartered Accountants of India**  
**ICAI Bhawan, Plot No. A-29, Sector-62**  
**NOIDA – 201309**

**Dear Sir,**

I am a member of the Institute of Chartered Accountants of India (ICAI) and request to the Chartered Accountants' Benevolent Fund (CABF) for grant of financial assistance for Medical Treatment of CORONA disease of myself/my dependent\*.

The medical bills paid/to be paid to the hospital concerned for the above treatment availed/to be availed is submitted/to be submitted herewith as proof. Kindly consider and grant me financial assistance towards the treatment of CORONA. I am aware that the financial assistance will be up to INR 1.5 Lakhs and will be returnable to CABF in full if assistance is not utilized for treatment of CORONA. The Particulars are given here below:

### **PART A (Details of Members)**

1.	Membership Number	
2.	Name	
3.	Date of Birth	
4.	CABF Life Membership No. (If any)	
5.	Occupational Details	
6.*	Income from all sources [Please enclose copy of ITRs for last two years]	
7.	Present Address	
8.	Contact/Mobile Number	
9.	E-mail ID	

**\* Financial assistance will be given if net taxable income is less than Rs. 10 lac p.a.**

**\* This benefit is available to Spouse, Children & Dependents of the Member.**

### **PART B (Details to be filled by the Applicant)**

1.	Name of the Patient	
2.	Relationship with Patient	
3.	Age of the Patient	
4.	Whether covered under any hospitalization scheme/medical insurance.	
5.	Name of the Hospital & Address where the treatment is undertaken/proposed	
6.	Estimated amount of expenditure for treatment.	
7.	Amount of Financial assistance sought for medical treatment of Corona Disease	

**PART C (NEFT/Bank Details of the Applicant)**

Sl. No.	Particulars	Details
1.	Name of the Bank	
2.	Address of the Bank	
3.	Account Number	
4.	IFS Code	
5.	Name of the Account Holder (Applicant)	
6.	Pan Number of the Applicant	
7.	Aadhar Number of the Applicant	

**DECLARATION/UNDERTAKING**

I declare that the above information is true to the best of my knowledge and belief and confirm that I am claiming it for the first time and I did not avail any financial assistance from any other source for treatment of CORONA disease or hospitalization and treatment.

I hereby undertake to provide the bills (in original) to the amount mentioned above along with the copy of Recommendations of the ICAI Office Bearer within 15 days of discharge from the Hospital failing which the amount given and the amount granted will be returned to CABF in full .

I confirm that the amount given to me as a loan and would return the same if the amount is not utilized for treatment of Corona or bills or treatment is not submitted with CABF within 15 days from discharge from the Hospital and assure to refund the amount advanced to me as loan.

Yours faithfully,

Place:.....

Signature: .....

Date:.....

Name:.....

Present Address: .....

Tel./Mob. No. ....

The following documents are to be enclosed in support of request for grant of Medical Assistance.

1. Copy of Diagnosis, in original
2. Medical Reports & Bills of Hospital, in original [if available]
3. Estimate of the Hospital towards cost of treatment
4. Copy of ITRs for last two years
5. Copy of PAN Number of the Applicant, if any
6. Copy of Aadhar Card of the Applicant, if any
7. Cancelled Cheque

**RECOMMENDATION**

*[Recommendation of the Central Council Member/Chairman/Vice-Chairman/Secretary of the Regional Council(s) or Branch of the Regional Council(s)/Ex-President/Chairman/Vice Chairman and Member Secretary/Member of the Managing Committee of the CABF/Member of Managing Committee of the Regional Council(s).]*

He is requesting for grant of financial assistance for treatment of CORONA disease. He owes the responsibilities to refund the amount in the case of non-utilization.

I have gone through the particulars of the Application Form and it is a deserving case and financial assistance from the Chartered Accountants' Benevolent Fund may be considered as per the guidelines of CABF.

Place:.....

Signature: .....

Date:.....

Name:.....

Designation.....

Membership No. ....

Address/Rubber Stamp.....

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Tel./Mob. No. ....