

**NISARGOPACHAR KENDRA**  
**SANITORIUM**  
Managed by Vadodara Jilla Sarvodaya Mandal

**Application Form for Concession in Treatment Charges**

Vadodara Jilla Sarvodaya Mandal is a registered charitable trust with various activities aimed at sustainable development of the society. The activities of the trust are inspired by ideologies of Mahatma Gandhi & Acharya Vinoba Bhave. Nisargopachar Kendra, a Naturopathy Centre managed by the trust, is working for holistic management of health. For many patients suffering from chronic ailments, it becomes important for them to undergo the treatment program at the Centre for recovering from the ailing condition by detoxification of body and mind and to make positive changes in their lifestyle.

As the activities of the trust are inspired by Mahatma Gandhiji, we wish to ensure that such a holistic treatment program based on Naturopathy should remain available to all the sections of the society rather than remaining restricted only to affluent class. At the same time, it is also essential that the services provided by the Kendra remains of reasonably high quality and for which the required employees receive a decent financial remuneration so that they can live respectfully in the society and the organization is run with as much financial self-reliance as possible.

In order to make our services available and affordable to all sections of the society, it is expected that those who can afford, shall pay a fair price for availing our services. At the same time, persons from economically weaker sections should be able to receive concessions in the cost of the services.

Keeping this background in mind, if you wish to avail concession for the services of the organization, please provide the following information about yourself. Please keep in mind that in addition to other criteria, individuals with annual family income of less than Rs. 5 lakh are eligible for 20% concessions in the General Ward charges.

**1. Personal Information:**

Patient Name: \_\_\_\_\_  M  F, Age: \_\_\_\_\_ yrs  
Address: \_\_\_\_\_  
Pin: \_\_\_\_\_  
Residence Phone: (STD code): \_\_\_\_\_ Ph. No.: \_\_\_\_\_ Mobile no. \_\_\_\_\_  
Email ID: \_\_\_\_\_  
Citizenship:  Indian  Foreign  Dual Citizenship

**2. Information about Accommodation at the Centre:**

Tentative Dates of Stay: From: \_\_\_\_\_ to \_\_\_\_\_ Total days of stay: \_\_\_\_\_  
Type of stay:  General Ward  Special room (sharing)  Special room (single)  
 Semi Deluxe  Deluxe Room  
Details of illness: \_\_\_\_\_  
Purpose for admission: \_\_\_\_\_

**3. Financial Details:**

A. Total no. of family members: \_\_\_\_\_, No. of earning members in the family: \_\_\_\_\_, Total no. of dependents: \_\_\_\_\_  
Residential house: Own /Rental, No. of rooms with kitchen: \_\_\_\_\_, If Rental, Monthly Rent : \_\_\_\_\_  
Approx. education expenses of the children in the family: \_\_\_\_\_  
Total Annual Income of the family:  
 < 2 lacs  2 – 5 lacs  5 – 10 lacs  > 10 lacs

Details of the earning members of the family:

Sr. no	Earning member / Relation with patient	Post / Occupation	Approx Annual Income
1			
2			
3			
4			
5	Income by Interest (of all kinds)		

**B. Does your family own any of the following household commodities?**

Sr. No.	Household Commodities	Number	Sr. No.	Household Commodities	Number
1	Two Wheeler(Scooter/Bike)		5	Mobile Phone (Smartphone/Tablet/I-Pad)	
2	Car		6	Computer / Laptop	
3	Colour TV		7	A.C.	
4	Refrigerator				

Price of costliest car at your residence:  < 3 lacs  3 – 5 lacs  5 – 10 lacs  >10 lacs

Which of the following paid services do you access:  Driver  Security  Chef

**C. Details of the family owned properties:**

(Pl provide information for all the properties owned by all the members of the family)

Sr. No.	House (Flat/ Tenament/ Duplex/ Row House/ Bungalow/ Farm House/ Plot Land / Agricultural Land/ Others)	Sq. ft or Acre	Location (City/ Village) With Details of Location	Approx. Value (Rs.)
1				
2				
3				
4				
5				

**D. Details of international trip by any of the family member on personal expenses in last five years:**

Has any family member gone on an international trip on personal expenditure?  Yes  No

If yes, then kindly give details:

Sr. No	Name & Relationship with patient	Travel Location	Year of travel	Purpose of travel (Sight-seeing /Education/ Medical / others)
1				
2				
3				

**E. Any other information that you would like to share with us:**

**F. Details of special contributions in the social field** (people who have provided selfless service to the community all their lives, deserve special consideration. Kindly mention about your contributions /services in brief)

Expected Concession:

Date:

Health-Seeker's Signature:

**For Office use only**

Booking Code Number: \_\_\_\_\_ Health-Seeker's Name: \_\_\_\_\_

Concession Granted in Category:

Duration for concession: From: \_\_\_\_\_ to \_\_\_\_\_, Total days of stay: \_\_\_\_\_

Special Note:

Name and Sign of Concession Request made by:

Approved by:

Date: