By Dr. Saugata Roy & Docpop Media, Barak Valley, Assam

Patient Information

1. Full Name of Patient: _____
2. Age: _____
3. Gender: Male / Female / Other
4. Father's / Mother's / Guardian's Name: _____
5. Address: _____
   - Village/Town: _____
   - District: _____
   - State: _____
   - PIN Code: _____
6. Contact Number (Patient/Guardian): _____
7. Alternate Contact Number (if any): _____
8. Email ID (if available): _____

Medical Information

9. Type of Surgery Required / Diagnosis (if known): _____
10. Present Health Condition: _____
11. Has the patient been advised surgery by a doctor?

☐ Yes (Attach doctor's note/report)
☐ No

12. Any previous major surgeries?

☐ Yes (Details: _____)
☐ No

13. Ongoing medications or treatments (if any): _____
14. Upload/Attach Medical Reports & Prescriptions (if available): _____

Socio-Economic Information

15. Occupation of Patient/Guardian: _____
16. Monthly Family Income: _____
17. Do you have any health insurance coverage?

☐ Yes (Details: _____)
☐ No

18. Reason for Seeking Free Surgery Support: _____

Declaration

I hereby declare that the above information provided is true to the best of my knowledge. I understand that submission of this form does not guarantee selection, and the final decision will be made by the medical & selection committee.

Signature/Thumb Impression of Patient/Guardian: _____
Date: ___ / ___ / 2025

👉 Required Attachments (if available):

- Copy of Aadhaar Card / Valid ID Proof
- Medical Reports & Prescriptions
- Doctor's Recommendation (if any)
- Income Proof (if available)