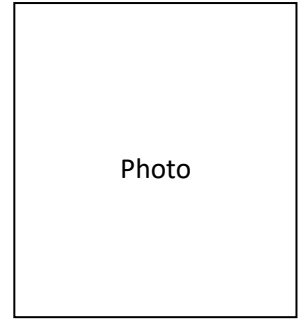




Reg No: EKM/TC/800/2013
 Brindavan Business Centre, Manimala Road,
 Behind St. George Church, Edappally PO,
 Cochin, Kerala, India-682 024
 Phone: 9072308020



Application for Relief and Empowerment

(Office use) Reg. No:

Sl No.	Description	
1	Name of the Applicant	
2	Age & Date of Birth	Gender Married / Single
3	Address (Permanent)	(Communication)
	Phone Number:	
4	Referred by	
5	Name of Father / Husband	
6	Other family members	
7	Any Medical History	
8	Whether presently under treatment. If so, details	
9	Nature of Support required	Financial / Expert Consultations
10	Details of Support required	
11	Declaration from the Local Counsellor / Reputed Person (with seal)	<p>I hereby declare that the details provided by the applicant are true and correct to the best of my knowledge. I recommend.....for the support of Butterfly Cancer Care Foundation.</p> <p>Signature : Name and address Contact No. Date:</p>

12	Family Income (<i>with proof</i>)	
13	Supporting Documents submitted	1. Hand written request 2. Photo of applicant 3. Self-attested ID proof of applicant 4. Medical Records if any 5. BPL Card or income certificate
14	Declaration by the Applicanty	<p>I,..... hereby declare that the above mentioned details are correct to the best of my knowledge. I understand that BCCF will only help for facilitating financial support towards the empowerment / relief. The final decision relating to this programme is completely bestowed upon me.</p> <p>I also hereby give consent to BCCF to take and use images (photographs or video tape or sound recordings of me) in any public media including radio, TV, face book, twitter, print media etc. I understand that such images and information will be used only for fund raising, promotional and other awareness programmes by BCCF.</p> <p>Signature : _____ Date: _____ Name: _____ Place: _____</p>

For Office Use

14	Name of Coordinator											
15	Decision of the BCCF Board	Signature & Name _____ Date: _____										
16	Details of Support provided <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Chq. No.</th> <th style="width: 15%;">Date</th> <th style="width: 20%;">Amount</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Signature</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Chq. No.	Date	Amount	Name	Signature					
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