GOVERNMENT OF MANIPUR
DIRECTORATE OF TRIBAL AFFAIRS & HILLS

Latest colour photograph

Application Form for Grant of Financial Assistance for Medical Treatment of Scheduled Tribes Patients
(For the Year 2026-2027)

(Read Instructions at Part-I carefully)

1. Name of the patient…..…… (*As in Bank Passbook*)
2. Gender: Male/Female……..
3. Address:
   (a) Village……..…… (b) Block……
   (c) District:.....
   (d) Enclose copy of Residential/ Domicile Certificate issued by the competent Authority.
4. Contact Number: ……..
5. Assistance, if any, received from Govt. in the past
   i) Name of the Scheme.....
   ii) Amount/ Material received: ……..
   iii) Year in which the assistance received: ……
   iv) Department: ……
6. Total family income per year: ……... (Income certificate to be enclosed)
7. Name of Tribe:..... …… (ST Certificate to be enclosed)
8. Occupation of the patient: ……
9. Bank account details of the patient:
   i) Aadhar linked Bank Account No.: ……..
   ii) IFSC code: ……
   iii) Name of the Bank Branch: ……
   iv) Copy of Bank Passbook/ cancelled Cheque to be enclosed
10. Aadhaar Number.....(Aadhaar card to be enclosed)

DECLARATION:

I do hereby solemnly declare that the above information furnished by me are true to the best of my knowledge and if at any point of time some part or whole information is found to be incorrect, my candidature may be cancelled.

Date:

Signature/Thumb impression of the applicant

Place:

PART – I

INSTRUCTION FOR APPLICANTS

1. The scheme is not applicable for Government Employee and their dependents.

2. The nature of ailment is the only basis for consideration.

3. Submission of form does not guarantee financial assistance. The decision of the Board in this regard, shall be final and binding.

4. The scheme is not applicable to those patients who are covered under PMJAY or CMHT.

5. The patient must be suffering from serious illness requiring hospitalization, surgery, or specialized treatment.

6. A patient is eligible to avail of this scheme only once; however, in the case of critical ailments (cardiovascular, cancer, kidney/CKD, neo-natal, neurological, burns, Liver), financial assistance may be availed for the ongoing/continued treatment.

7. The patient must belong to a Below Poverty Line (BPL) family.

8. A valid BPL Ration Card or BPL Certificate issued by the competent authority must be attached.

9. The patient should not have availed similar financial assistance for the same illness under any other Government scheme.

10. Application must be submitted within the period prescribed by the department.

LIST OF MEDICAL CERTIFICATES/DOCUMENTS TO BE ENCLOSED

i) The medical certificate, in the prescribed form, must be issued by a registered Medical Practitioner, preferably a specialist in the relevant field.
ii) Treatment/Admission Certificate.
iii) Discharge Summary/ previous Treatment Record.
iv) Attach All relevant reports such as:

X-Ray, Blood examination report, Ultrasonography, Biopsy, Urine and Stool examination reports or any other diagnostic test reports conducted for confirmation of the disease.

PART – II

FORM OF MEDICAL CERTIFICATE FOR GRANT OF FINANCIAL ASSISTANCE FOR MEDICAL TREATMENT OF POOR SCHEDULED TRIBE PATIENTS

(To be filled in by the concerned Doctor)

Ref. No. ..... Date .....

I, Dr. ……have thoroughly examined Shri/Smt/Km.....Age.....

S/o, D/o, W/o.....

a resident of.....

District under (Hospital, Ward No. & Bed No. etc. if admitted)

.....

.....

and to the best of my clinical / pathological assessment he/she is diagnosed as a case of……

.....

.....

(Please mention further treatment suggested & reasons if referred outside and nature of treatment given if it is a treated case.)

Disease as per my assessment is a

1. Minor	☐	3. Major	☐
2. Moderate	☐	4. Complicated	☐

Signature of the Doctor

Full Name:

Designation:

Registration No.:

Seal:

PART – III

FORM OF NON-EMPLOYMENT CERTIFICATE OF THE PATIENT

(This certificate is to be issued by a District Employment Officer/any Gazetted Officer)

This is to certify that Shri/Smt/Km.....

S/o, D/o, W/o. .....of

.....Village in .....District

is not a full-time Government/ Private employee.

Name:

Designation:

Seal:

Date: