

THE MAHARASHTRA FIRE SERVICES PERSONNEL WELFARE ASSOCIATION

C/o. Directorate of Maharashtra Fire Services, Vidyanagari, Santacruz-East, Mumbai-400 098.

Application for Financial / Medical Assistance to the Member / Dependent

Sr.No	Description	Particulars
1	Name & Designation of the Applicant	
2	Name & Address of the Fire Service	
3	Date of joining the Fire Service	
4	Life Membership No.	
5	Date of Life Membership	
6	Telephone/Mobile No.	
7	Name of Patient	
8	Relation with Applicant	
9	Indicate whether, dependent patient is employing or earning pension, etc.	
10	Details of Sickness	
11	Details of treatment/ operation (if any)	
12	Period of hospitalization / treatment	
13	Total expenditure on treatment/operation, etc.	
14	Whether the expenditure is reimbursed from your Department, if yes, Amount of reimbursement.	
	IN CASE OF DEATH	
15	Name of patient	
16	Date of death	
17	Indicate place of death/ accident/injury, etc. i.e. on duty or otherwise.	
18	Name of dependent to whom the financial aid should be given, in case of death of member.	
19	If the member has any additional information about the incident, he may give it in separate letter form.	
20	Enclosures : Death Certificate, Medical Report, Hospital discharge papers, etc.	
Note	1. All the benefits will be admissible to the members after completion of one year's membership 2. Medical aid will be provided to the member of the Association & his family members i.e. wife & two children, depending on the nature of his/her sickness, in case of Hospitalization only. [once in a life time for member & his family members]	

Name & Signature of Applicant :

CERTIFICATE BY THE HEADS OF FIRE SERVICE

This is to certify that the Shri is/was working in this Fire Brigade as The information furnished above by the applicant is correct as per the record of this Fire Service.

Stamp & Signature of Heads of Fire Service: