

Payment of Pre-CI assessment charges under ADIP CI Scheme

- Name of ADIP CI Beneficiary:
- ADIP CI case number:
- Date of surgery:
- Hospital Name:
- Parent Name :
- Permanent address and contact no.:

- E-mail address, if available
- Parent Bank details for NEFT/RTGS transfer:
 - Name of the Bank & address:

 - Name of the account holder
 - Savings Account No:
 - IFSC:

Place:

Date:

Parent's Signature:

Reference: As per Revised ADIP scheme: For all beneficiaries, a **fixed amount** of Rs. 10,000/- will be reimbursed towards cost of pre-surgical evaluations and work-up after the surgery is done.

(Parents are requested to take print of the form, fill it, scan and send it on the following email address: nihh.adipci@gmail.com)