

Annexure –C

Format of Register of Atal Amrit Abhiyan

(To be maintained at Atal Amrit Abhiyan Cell at District)

Name of the District:

Sl	Date	Name of the Patient	Age	Sex	Father's/ Guardian's Name	Permanent Address	Present Address	Mobile Number	Annual Income of the Family	If the Application is not submitted by the patient (Name, Relationship, Address & Contact No)	Disease for which Treatment is required
1	2	3	4	5	6	7	8	9	10	11	12

Total cost incurred in the treatment	Document submission status					Remarks
	Photograph of the Patient (Attested by Doctor)	Attested copy of the Annual Income Certificate issued by Circle Officer	Attested copy of the Voter ID or Voter ID of Parent	Attested copy of the Referral Certificate/ Discharge certificate & Prescription from the hospital	Original copy of the Bills attested by the treating hospital	
13	14	15	16	17	18	19

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