DELHI AROGYA KOSH

INTRODUCTION

"Delhi Arogya Kosh" (DAK) is a registered society which provides Financial assistance **to the extent of Rs. 5 lacs** to the needy eligible patients for treatment of any illness / disease in Government Hospital

FINANCIAL ASSISTANCE FOR TREATMENT IN GOVERNMENT HOSPITALS:

For **any** illness/treatment/ intervention required by the patient undergoing treatment in a Government Hospital run by Delhi Government or Central Government or Local Bodies or Autonomous Hospital under State Government.

ELIGIBILITY

☐ Passport

- 1. Patient having National Food Security Card.
- 2. Patient should be a bonafide resident of Delhi for last 3yrs (prior to the date of submission of application)
- 3. Patient requiring treatment for any illness/ treatment/ intervention in a Government Hospital run by Delhi Govt./ Central Govt./AIIMS / Autonomous Institutes of the State Govt./ Local Bodies.

Requisite documents for verification of INCOME:

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\textstyle \text{ National Food Security Card.} \]

Requisite document for verification of DOMICILE for last 03 years (any one of the following):

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\textstyle \text{ Domicile Certificate issued from area SDM.} \]

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\textstyle \text{ Ration card} \]

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\textstyle \text{ EPIC (Voter ID)} \]

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\textstyle \text{ Driving License}

□ Aadhar Card Note: In case the patient is a minor, Birth Certificate of the patient and the domicile proof of either of the parent (any one of the aforementioned document) WHERE TO APPLY O/o Patient Welfare Cell,Room no 1, 6th Floor, Directorate of Health Services, F-17, Karkardooma, (Near Karkardooma Court), Delhi-110032. Tel. No. 011-22306851 HOW TO APPLY Application form to be filled by the patient or through his representative
O/o Patient Welfare Cell,Room no 1, 6th Floor, Directorate of Health Services, F-17, Karkardooma, (Near Karkardooma Court), Delhi-110032. Tel. No. 011-22306851 HOW TO APPLY
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Application form to be filled by the patient or through his representative
alongwith the following documents in person:
☐ Photocopy of National Food Security Card.
☐ Original Estimate certificate issued by the treating doctor of the concerned Government Hospital indicating the patient's disease and the treatment required alongwith the estimated expenditure of the treatment duly certified by the Medical Superintendent of the said hospital.
☐ Two photographs of the concerned patient, duly attested by the treating doctor of the concerned Government

PROCESSING OF AN APPLICATION

☐ Photocopies of the **treatment record**.

A **COMPLETE** application form alongwith all the requisite documents is processed and sent to Director Health Services for his approval.

Thereafter, the application needs approval from the Finance Department GNCTD and is thence forwarded to Secretary (Health) and Chairman, DAK for their approvals, respectively.

After the due approvals, the application comes back to Patient Welfare Cell and a cheque of the sanctioned amount is issued in favour of the concerned Government Hospital .

The applicant, too, is informed through letter.