



NAGARATHAR SANGAM OF NORTH AMERICA INC

23 Keith Ct., Kendall Park, NJ 08824, USA

Registered office: 29 Periwinkle Drive, Monmouth Jct., NJ 08852-1909

Medical Assistantship Application Form

Applicant's Name: _____ **Date:** _____

Age: _____ **Phone:** _____

Address: _____

Email: _____

Chettinad Native: _____ **Temple and Pirivu:** _____

Name of the Medical Treatment needed: _____

Doctor's Name and Hospital Address: _____

Cost for the Medical Treatment: _____

Gross Annual Family Income (proof required): _____

Supporting Family members' financial status: _____

I certify that the above information is true.

Signature of Applicant: _____ **Date:** _____

1. The above applicant is in genuine need of financial assistance. The above information is true to the best of my/our knowledge.

Other comments/recommendations:

Signature of Local Nagarathar Sangam/reputed Nagarathar: _____

Date: _____ **Phone:** _____

Address: _____ **Chettinad Native:** _____

2. The above applicant is in genuine need of financial assistance. The above information is true to the best of my/our knowledge.

Other comments/recommendations:

Signature of Local Nagarathar Sangam/reputed Nagarathar: _____

Date: _____

Phone: _____

Address: _____

Chettinad Native: _____

Please submit the following:

1. Completed application form
2. Letter (not exceeding one page) stating why you should be considered for this medical assistantship.
3. A Letter from the Doctor in his letter-head stating the need for the surgery.
4. Approximate cost for the medical treatment with details of the expenses in the Hospital Letter-head.
5. Proof of Gross Annual Family Income.

Send application materials and correspondence to:

NSNA Health and Humanitarian Committee
6 Barley Ct,
Plainsboro, NJ 08536
U.S.A

You can also contact us by e-mail: nsnahealth@achi.org