

Name of Patient: _____

CENTRE: _____

APPLICATION FOR HAEMODIALYSIS PROGRAMME

Supporting Documents Checklist (For Official use):

NO	DOCUMENT	Date CM Rcvd Docs	Date Docs Sent to HQ	Date HQ Rcvd Docs	REMARKS (Docs received later from CM / Patient, Others)
1	Completed Medical Report				
2	Lab Test Result of Hep B, C & HIV (not more than 3 months)				
3	4 Copy Photostat I/C of Patient				
4	4 Copy Passport Size Photo				
5	Income Tax Assessment / J Form / EA Form of Patient and all Family Members who are working				
6	EPF Statement of Patient and all Family Members who are working				
7	Pay Slip of Patient & all Family Members who are working or Letter from Employer /Letter Confirming Income & Occupation for Self-Employed				
8	Payment Slip from SOCSO for Disability Pension / Pension Statement from JPA (<i>If Applicable</i>)				
9	Latest Savings Passbook / Bank Statement / Fixed Deposit / Current Account Statements of Patient & Family Members				
10	Water, Electricity, Telephone & Astro bills of house where patient is staying				
11	Car & House Installment Receipts & Loan Approval Letters				
12	Others e.g. Insurance Premium, etc				
13	3 Photos of House - Hall, Kitchen & Outside House from Gate to Rooftop				
14	Agreement with all required documents				

I hereby certify the Application is complete with all the necessary documents:

Received & Recorded by:

Checked & Verified By:

.....
Name:
CM/SNIC

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Name:
Welfare Department

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Name:
Welfare Department