



**MINERAL FOUNDATION OF GOA**

Ref No:  
Name:  
Age:  
Address:  
Village:  
Phone No:  
Date:

Passport size  
photograph

To,  
The Chairman  
Mineral Foundation of Goa  
Panaji – Goa

**Sub:** Request for facilitation of Cataract Surgery.

Dear Sir,

I understand that Mineral Foundation of Goa (MFG) provides financial assistance to economically needy and poor people from mining areas to undergo medical treatment for selective ailments. I am suffering from Cataract in one/both eyes. My family's annual income from all the sources is Rs. ----- and hence I cannot afford the corrective operation. I therefore request you to kindly help me financially to undergo Cataract Surgery at any suitable place identified by your organization.

The operating procedure and its likely complications have been sufficiently explained by the MFG staff and understood by me and since I have willingly volunteered to undergo the Cataract Surgery, Mineral Foundation of Goa and the Company Doctor will not be held responsible for any complications arising out of this operation.

I have enclosed the proof of residence (Voter ID Card) and proof of Income (Income certificate). The contents of this letter were read out and explained to me and I hereby agree to whatever has been stated herein.

Thanking you.

Yours faithfully,

(Signature / thumb impression of patient)

Name & Signature of witness

**FOR OFFICE USE ONLY**

Observations:

Verified by:

Field Officer:

Pharmacist:

PO (Social)

PM

CEO