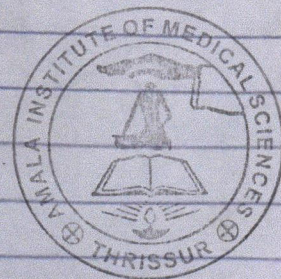


# PRE SELECTION DOCUMENTATION

MOTHER & CHILD HEALTH CARE  
PROJECT -6



1) Patient Name : BINUJA T. RAJ (Staff)  
 Address : THAIKATTIL (H), KOTTALAKKAD, KUTTORA  
 Phone Number : 9605283920  
 Occupation : PRE, (25000) (PATIENT RELATION DEPT)  
 HUSBAND details : PRANAB JOHN (Salary: daily wages) 13 years  
INTERIOR WORK, 9847103281  
 Ration Card : BPL  
 Hospital ID : 2350832  
 Delivery : Prim (7 months)  
 Consultant Name : Dr. Renan  
 Insurance : Nil

Needy

years in Amala → 13 years

Phone No. Husband, Salary.

Amala Staff

MCP  
Amala

MCP  
Amala

2) Patient Name : SMIYA JOY  
 Address : CHALAKKADI (H) Parappur, Thrissur  
 Phone Number : 9895186702  
 Occupation : Nil  
 HUSBAND details : FRANIS C.D (Technician)  
 Salary (15000) 9947273781  
 Ration Card : BPL  
 Hospital ID : 2929146  
 Delivery : Prim (7 months)  
 Consultant Name : Dr. Anoj  
 Insurance : Nil

Needy

Address - details

MCP  
Amala

MCP  
Amala



4) Patient Name : Jison. K. V (Staff Nurse)  
 Address : Kollarakudiyil (CH) Kattilapoozham P.O. Thirissur  
 Phone Number : 8078589685, 9744175918  
 Occupation : Nurse, (30000/-) (Paediatric) (7 yrs)  
 Husband details : Yunal. C. V. Changanthachan  
Chattilappilly P.O., Sales Man  
 Ration Card : BPL  
 Hospital ID : 2698639  
 Consultant Name : Prasanna  
 Delivery : Primi (3 months)  
 Insurance : Nil  
(7 yrs in Amala)

NTB

Amala Bill

MCP  
Amala

MCP  
Amala

5) Patient Name : Nayana Francis (Staff Nurse)  
 Address : manokay (H) manathakurva P.O Thirissur  
 Phone Number : 9539112430, 9539536886  
 Occupation : Staff Nurse, (28,000/-), 3 yrs (work)  
Husband - male in supply, 20,000/-  
 Husband details : Sanal Leo, Manokay (H)  
manathakurva P.O. Thirissur  
 Ration Card : APL  
 Hospital ID : 2475442  
 Consultant Name : Dr. Anoj  
 Delivery : (7 months, 2nd)  
 Insurance : Nil  
7 yrs in Amala 3 yrs

MCP  
Amala

Amala Bill



**AMALA SCHEME CARD**

**Name:**.....

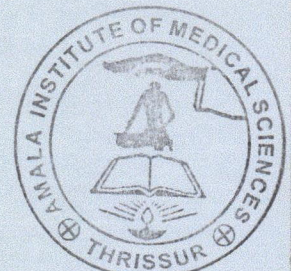
**Age** ..... **Gender**..... **Hospital ID** :.....

**Scheme Name** .....

**Department** :.....

**Validity from** ..... **to**.....

**MCP**



Medical Social Worker

Joint Director

**Amala**

**NB :** ആശുപത്രിയിലെ ആവശ്യങ്ങൾക്ക് വരുമ്പോൾ ഈ കാർഡ് നിർബന്ധമായും കൊണ്ടുവരേണ്ടതാണ്. അല്ലാത്തപക്ഷം ഈ സ്കീമിൽ യാതൊരുവിധ ആനുകൂല്യങ്ങളും ലഭ്യമാകുന്നതല്ല.

4) Patient Name : Jisany . K . Y (Staff Nurse)  
 Address : Kollarakudiyil (CH) Kattilapozham P.O.  
Thirissur  
 Phone Number : 8078589695, 9744175918  
 Occupation : Nurse, (30000/-) (Paediatric)  
(7 yrs)  
 Husband details : Yunal . C . Y . chengathichu  
chittilappilly . P.O. , Sales man  
 Ration card : BPL  
 Hospital ID : 2698639  
 Consultant Name : Priyanka  
 Delivery : 3 Primis (3 months)  
 Insurance : Nil  
(7 yrs in Amala)

N/A

② Amala Staff

MCP  
Amala

MCP  
Amala

5) Patient Name : Nayana Francis (Staff Nurse)  
 Address : marokkay (H) mantharavada P.O  
Thirissur  
 Phone Number : 9539112430, 9539536886  
 Occupation & Income : Staff Nurse, (38,000/-), 3yrs (work)  
Husband - medicine supply, 20,000/-  
 Husband details : Scorial Leod, marokkay (H)  
1132 3332 mantharavada P.O. Thirissur  
 Ration card : APL  
 Hospital ID : 2493442  
 Consultant Name : Dr. Anoj  
 Delivery : 2 (7 months, 2nd)  
 Insurance : Nil  
7 yrs in Amala : 3yrs

MCP  
Amala

② Amala Staff





AMALA CANCER HOSPITAL SOCIETY  
(GSTN:32AAATA4065B1ZH), AMALA NAGAR, KERALA, INDIA  
AMALA COLLEGE OF NURSING - OTHERS

Phone: 914872304000

No: R.NO 90

RECEIPT VOUCHER

Date: 05/06/2025

Received with thanks from Mr./Mrs./Miss : SHALINI P S

PAN Number :

By way of : CASH

Amount Received : ₹ 1,000

*One Thousand Only*

For: Received from SHALINI P S- Hos ID 2968974

Stamp  
  
Signature

Prepared By

Checked By

Verified By

Approved By

05/06/2025 12:18

Printed User: SOJIYA P JOY





1) Patient Name: Salini M.S  
Address: Ajilankara House, Medical college P O  
Velappaya, China Bazar 680596

Phone Number: 7356257355

Occupation: Nursing Assistant - (20,000) 5 years

Husband details: Unmesh. A.U Tiles work  
9946760517

Ration card APL/BPL: BPL

Hospital ID: 2765978

Adhaar Card Number:

BPL Certificate:

Recommendation letter:

Income Certificate:

Insurance: No.

Delivery: Primi (7 months)

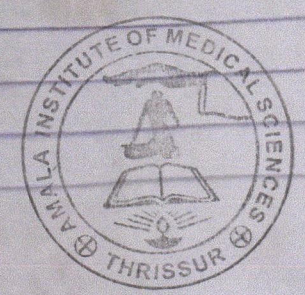
Consultant Name: Dr. Vipin

Handwritten signature/initials

Years in Amala → 5

MCP  
Amala

MCP  
Amala









**AMALA SCHEME CARD**

Name:.....

Age ..... Gender..... Hospital ID :.....

Scheme Name .....

Department :.....

Validity from ..... to.....

**MCP**

Medical Social Worker ..... Joint Director

**Amala**

*NB : ആശുപത്രിയിലെ ആവശ്യങ്ങൾക്ക് വരുമ്പോൾ ഈ കാർഡ് നിർബന്ധമായും കൊണ്ടുവരേണ്ടതാണ് അല്ലാത്തപക്ഷം ഈ സ്കീമിൽ യാതൊരുവിധ ആനുകൂല്യങ്ങളും ലഭ്യമാകുന്നതല്ല*



*Betsy*

**Dr. BETSY THOMAS**  
MD, FRCOG, DNB, MICOG  
PRINCIPAL  
AMALA INSTITUTE OF MEDICAL SCIENCES  
AMALA NAGAR, THRISSUR-680 555

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