



Application Form for Mobile Medical Van

INFORMATION ON THE CLUB (DONEE)

Name of Donee Club

Location; Rural /Urban

Postal address:

.....

Contact person

1. Name:

Designation:

Mobile Number:

Email id:

2. Name:

Designation:

Mobile Number:

Email id:

Profile of Club;

Highlights of landmark Projects undertaken;

1.

2.

Details of Healthcare projects;

1.

2.

Areas where the Club will be involved with the Implementing Agency in the proposed operation of the Mobile Medical Van.

Plans for Lions' continuing participation over the years to be identified.

Names of Applicants & their Designation

Signatures

DISTRICT GOVERNOR's ENDORSEMENT

I hereby confirm that District is aware that Lions Club of has applied for donation of a Mobile Medical Van for reaching out to the underserved rural sections of society. I further endorse that Lions Club of is a Club of good Operational and Financial Standing.

Name of the District Governor / District

Signature

Date

INFORMATION ON THE IMPLEMENTING AGENCY;

Name of Hospital:

Location- Rural/ urban:

Postal Address:

Contact person

1. Name:

Designation:

Mobile Number:

Email id:

2. Name:

Designation:

Mobile Number:

Email id:

1. Brief Introduction of the Hospital – (Highlighting past experience if any, in running & operation of a Mobile Medical Van)

2. Operating Details

- Total no. of Beds:
- Number of Free patients:
- Subsidised patients (indicate the percentage of subsidy):

3. Supporting Background information of the Hospital.

4. Specialities of the Hospital to be highlighted.

5. Details of back up facilities available at the Hospital to handle Emergencies

6. Detailed action plan for the use of the Mobile Medical Van with clear operational strategy to reach out to the underserved population.

7. Geographical areas and the communities that are expected to be served.

8. Expected number of beneficiaries from the use of the Van (monthly projections).

9. Proposed budget towards operational costs of the Van identifying / listing out clearly

- under the Income head - the various sources of funding and
- under the Expense head - the projected operational / maintenance cost of the Van.

Budget to be projected over 5 years

10. Enclose a copy of the Hospital's Accounts of the last 3 Financial years clearly highlighting the number of free patients & paid patients treated there.

11. Details of the support expected to be received from the Donee Club.

12. Website:

Name & Designation of Hospital authority:

Signature

Date