

PERIODIC/AWAAZ MEMBER

Date:

PROFILE OF THE P3SG:



Name of the Parent :		
Name of the Husband/Wife:		
Designation :		
Reporting Unit:		
Date of Birth:	Age	Sex
Address 1	Address 2	
Contact Number (2 numbers)		
Education Qualification:	Occupation:	
Email:		

Enrollment Section:

Child's Details:

Name of the Child: _____

Age: _____ Sex: M/F _____

Date of Birth of the Child: _____

Consulting Doctor: _____

Type of Cancer: _____

Hospital Name: _____

Status of the Child: _____

Treatment Start Date: _____

Details of Studies: _____

Treatment Completion Date: _____

No. of Cases Referred to Hospital/Cankids:

Membership: Awareness / Awaaz Member Regularly/Niyamit Member
 Periodic/Aavdhik Member

Availability:

Daily Weekly Quarterly Annually

Please Tick activities of Interest:

Emotional Support P3SG Forum Treatment Support Program
 Facilitation Reintegration Information and awareness Events, Outings &
 Celebration

Identification & Bank Details:

Name of the Bank
 Bank Account No.
 IFSC Code
 Voter ID no.
 PAN Card no.
 Adhar card No.
 Highest Education Proof
 1 Passport Size Photo
 Address proof

IV. CONSENT SECTION

Consent of the P3SG

I, _____ do hereby declare that I join Cankids and would work with full dedication, commitment and abide to the Cankids policy.

Consent of the Family Member/(Father /Husband/ Any Other)

I, _____ do hereby declare that I do not have any objection to _____ joining Cankids for work.

Signature of the P3SG & Date

Form Filled By:

**SIGNATURE OF DIRECTOR:
 Parents & Survivor Group
 Date:**

FOREWORD ABOUT MY OWN STORY