

No. :   
Date : 

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(For Office Use Only)

**Application for financial assistance from the President's Fund for  
Medical Treatment**

N.B. – You are kindly informed to read the instructions attached hereto, before completing this application and fill the application accordingly.

**Section 01 – Civil Information**

- i. Full Name of the Patient (Capital letters):-  
Rev./Ven./Mr./Mrs./Miss./Baby/Mast.....  
.....
- ii. Name with initials:- .....  
.....
- iii. National Identity Card No. : -
- iv. Address (Capital letters): -.....  
.....
- v. a. Date of Birth 

Y	Y	Y	Y	M	M	D	D
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 b. Age :- .....
- vi. Sex : - .....
- vii. Marital Status : -.....
- viii. Telephone Number
  - a. Mobile
  - b. Direct line
  - c. WhatsApp No. (only if available): -
- ix. Present Occupation/Source of Income: -  
.....  
.....
- x. Address of the present Workplace: -  
.....  
.....
- xi. In case of a retired person, the Institution where he/she worked last: -  
.....
- xii. District of permanent residence of the patient : -  
.....
- xiii. Divisional Secretariat Division of permanent residence of the patient:-  
.....
- xiv. Grama Niladhari Division and No.: .....

**Section 02.– The following information should be provided only when the applicant is not the patient.**

(a)

i. Full Name of Applicant : - Rev./Ven./Mr./Mrs./Miss .....

.....

ii. National Identity Card No.

iii. Address :- .....

.....

iv. Relationship of the patient to the applicant :- .....

( Mother / Father / Daughter / Son / Wife / Husband etc. )

If the applicant does not belong to the above category, the reasons should be mentioned in detail.

.....

v. Telephone No.:

vi. Occupation :-

.....

.....

vii. Address of the workplace:

.....

.....

.....

(b) Name and telephone number of next of kin who can be contacted in case the patient or applicant cannot be contacted : .....

.....

**Section 03. – Disease and the hospital where treatment was obtained/intended to be obtained and Details of the doctor**

i. Nature of the disease/ illness:

.....

ii. Name and address of the Doctor treating the patient:

.....

.....

iii. Name and address of the hospital where the patient is intending to obtain treatment:.....

.....

**Section 04– Details of Expenditure**

Please mention the method available/ intended to cover the cost of the proposed treatment

1. Method of receiving money (Rs.)
- i. The amount borne by the Patient/ The amount patient can afford - .....
  - ii. Employees' Trust Fund (ETF) - .....
  - iii. National Insurance Trust Fund ( Agrahara Insurance ) - .....
  - iv. Under a Medical Scheme of the patient's workplace - .....
  - v. Money received under an Insurance Scheme or a Welfare Scheme, if any - .....
  - vi. Through NGOs - .....
  - vii. Other Donations (State clearly) - .....
  - viii. From Borrowings/ Loans- Give details- .....
  - ix. By other Sources(State clearly) - .....
    - a) ..... - .....
    - b) ..... - .....
    - c) ..... - .....

Total amount of money obtainable for the proposed treatment-.....

( Rs .)

2. Estimated Gross Expenditure on Medical Treatments:-.....
- (i) Total amount received under 04.1:- .....
  - (ii) Amount of grant expected from the President's Fund: .....

3. If the patient has previously obtained financial assistance from the President's Fund please enter the details :

File No.	
Amount Received ( Rs.)	
Date	
What is the Surgery / Treatment	

4. Date of admission to the hospital for surgery/treatment :-

.....

**( Supporting documents should be attached )**

**Section 05- Details of Income and market values of the immovable and movable properties belonging to the patient and the patient's family**

- i. Details of the patient and the patient's family members and monthly income of the patient's family (Approx.) Rs. ....  
 ( Details of all income including salaries/ pensions/ interest income/ other income and income of the Children/ siblings if the patient is unmarried should be provided)

Serial No.	Name	Occupation	Relationship to the Patient	Marital Status	National Identity Card No.	Gross Monthly Income ( Rs .)	File No. if Income Tax is Paid
1			Patient				
2							
3							
4							
5							

- ii. Market values of immovable and movable properties belonging to the patient and the patient's family ( in letters and numbers )

a. Immovable Properties

Land and Houses	Extent	Market Value of Property ( Rs .)	
		In numbers	In letters

b. Vehicles and other Movable Property

Vehicle Details (Vehicle No. and Type)	Market Value ( Rs.)	
	In numbers	In letters

iii. Fixed Deposit Accounts / Certificates of Deposit / Other Investments/ Balances of Savings Accounts / Balances of Current Accounts (of the patient, spouse and unmarried children)

a) Amounts deposited in Savings Accounts

Name of the Account Holder	Bank / Financial Institution	Branch	Account No.	Balance as at the Date of Submission of Application (Rs.)

b) Fixed Deposit / Saving Certificates

Name of the Account Holder	Bank / Financial Institution	Branch	Account No. / Certificate No.	Gross Interest Rate	Balance as at the Date of Submission of Application (Rs.)

c) Balances of Current Accounts

Name of the Account Holder	Bank / Financial Institution	Branch	Account No.	Balance as at the Date of Submission of Application (Rs.)

You are kindly informed to submit the details and other relevant details from various institutions with high accuracy in providing the information above, since action will be taken by the President's Fund to verify the details mentioned above at any time as decided by the Fund.

Further, I agree that the President's Fund will take the necessary steps to obtain information from the relevant parties as per the requirement. I declare that all the above facts stated by me are true and correct to the best of my knowledge and belief. Also, I declare that I am eligible to receive this charitable aid. Moreover, I state that, in case it is found that I have provided false or incorrect and insufficient information, I agree to any legal or other action taken by the President's Fund in such a case.

Signature of the Patient : - ..... Signature of the Applicant :-.....

Name of the Patient : - ... Name of the Applicant : - .....

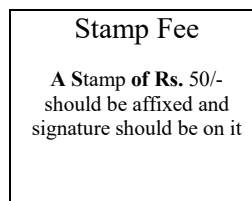
Date : - .....

Date : - .....

## Affidavit

I,.....,  
of..... the holder of National Identity Card bearing  
No. .... , being a Buddhist/Christian/Catholic/Hindu/Islamic do hereby solemnly,  
sincerely and truly declare and swear/affirm as following facts.

1. I am the Affirmant above named.
2. I declare that all the information produced by me, specially, regarding immovable and movable properties and fixed deposit accounts, savings accounts and current account balances of the patient/spouse/children referred to in this application dated ..... for obtaining medical assistance are correct .



I certify that the foregoing facts having been read over to the affirmant above-named, he/she placed his/her signature before me .....(place) having understood and accepted the same to be correct.

..... ..  
Signature and Official Stamp of  
the Commissioner of Oaths/  
Justice of the Peace

Date .....

(Please submit this with the application)

Date :-

Secretary  
President's Fund**Request for Financial Assistance from the President's Fund  
for medical treatment****Report of the Divisional Secretary on the Income Status of the Patient**

Name of Patient	
NIC Number	
D.S. Division	
G.N. Division & No.	

## 01. Details of the Patient and family members and their income sources

Serial No.	Name and Relationship to the Patient	NIC Number	Marital Status	Occupation	Monthly Gross Income (Rs.)
01	Patient				

## 02. Details of the properties of the patient, spouse and unmarried children

## (a) Immovable and movable property

Serial No.	Name of the Property	Value (Rs.)

(b) Details of Bank Accounts (Savings Accounts/Current Accounts/Fixed Deposit Accounts)

Serial No.	Name of the Bank	Branch	Account Number	Balance as at the Prescribed date (Rs.)

03. Method of obtaining funds required for the expenditure on the surgery/treatment

Serial No.	Method	Amount (Rs.)
1	The amount borne by the Patient/The amount patient can afford	
2	Employees' Trust Fund ( ETF)	
3	Insurance Welfare Schemes of the Patient's Workplace	
4	Other Methods (Pawning of Gold Items)	
5	Loans	
6	Donations	
7	NGOs	
8	Other	

04. Have you received financial assistance from the President's Fund before?  
(Mention file number, Surgery/Treatment and the amount if received)

File No.	Surgery/Treatment	Amount (Rs.)

05. Whether the surgery was performed :-

I certify that the above information submitted by the applicant/patient is true and correct.

Date :- .....

.....  
Signature and Official Stamp of  
Grama Niladhari

I **recommend/not recommend** granting financial assistance from the President's Fund according to the certification of the Grama Niladhari.

Date :- .....

.....  
Signature and Official Stamp of  
Divisional Secretary



(Report sent by Divisional Secretary)

(N.B .If there is any information that should be mentioned about the patient and the patient's family, it should be mentioned under No.07)

Date :-

Secretary  
President's Fund

**Request for Financial Assistance from the President's Fund  
for medical treatment**

**Report of the Divisional Secretary on the Income Status of the Patient**

Name of Patient	
NIC Number	
D.S. Division	
G.N. Division & No.	

01. Details of the Patient and family members and their income sources

Serial No.	Name and Relationship to the Patient	NIC Number	Marital Status	Occupation	Monthly Gross Income (Rs.)
01	Patient				

02. Details of the properties of the patient, spouse and unmarried children

(a) Immovable and movable property

Serial No.	Name of the Property	Value (Rs.)

(b) Details of Bank Accounts (Savings Accounts/Current Accounts/Fixed Deposit Accounts)

Serial No.	Name of the Bank	Branch	Account Number	Balance as at the Prescribed date (Rs.)

03. Method of obtaining funds required for the expenditure on the surgery/treatment

Serial No.	Method	Amount (Rs.)
1	The amount borne by the Patient/The amount patient can afford	
2	Employees' Trust Fund ( ETF)	
3	Insurance Welfare Schemes of the Patient's Workplace	
4	Other Methods (Pawning of Gold Items)	
5	Loans	
6	Donations	
7	NGOs	
8	Other	

04. Have you received financial assistance from the President's Fund before?  
(Mention file number, Surgery/Treatment and the amount if received)

File No.	Surgery/Treatment	Amount (Rs.)

05. Whether the surgery was performed :-

06. I certify that the above information submitted by the applicant/patient is true and correct.

Date :-.....

.....  
Signature and Official Stamp of  
Grama Niladhari

07.Special Matters :-

.....  
.....  
.....  
.....

I **recommend/not recommend** granting financial assistance from the President's Fund according to the certification of the Grama Niladhari.

Date :-.....

.....  
Signature and Official Stamp of  
Divisional Secretary

(This should be filed in the Divisional Secretariat)

(N.B .If there is any information that should be mentioned about the patient and the patient's family, it should be mentioned under No.07)

Date :-

Secretary  
President's Fund

**Request for Financial Assistance from the President's Fund  
for medical treatment**

**Report of the Divisional Secretary on the Income Status of the Patient**

Name of Patient	
NIC Number	
D.S. Division	
G.N. Division & No.	

## 01. Details of the Patient and family members and their income sources

Serial No.	Name and Relationship to the Patient	NIC Number	Marital Status	Occupation	Monthly Gross Income (Rs.)
01	Patient				

## 02. Details of the properties of the patient, spouse and unmarried children

## (a) Immovable and movable property

Serial No.	Name of the Property	Value (Rs.)

(b) Details of Bank Accounts (Savings Accounts/Current Accounts/Fixed Deposit Accounts)

Serial No.	Name of the Bank	Branch	Account Number	Balance as at the Prescribed date (Rs.)

03. Method of obtaining funds required for the expenditure on the surgery/treatment

Serial No.	Method	Amount (Rs.)
1	The amount borne by the Patient/The amount patient can afford	
2	Employees' Trust Fund ( ETF)	
3	Insurance Welfare Schemes of the Patient's Workplace	
4	Other Methods (Pawning of Gold Items)	
5	Loans	
6	Donations	
7	NGOs	
8	Other	

04. Have you received financial assistance from the President's Fund before?  
(Mention file number, Surgery/Treatment and the amount if received)

File No.	Surgery/Treatment	Amount (Rs.)

05. Whether the surgery was performed :-

06. I certify that the above information submitted by the applicant/patient is true and correct.

Date :- .....

.....  
Signature and Official Stamp of  
Grama Niladhari

07.Special Matters :-

.....  
.....  
.....  
.....

I **recommend/not recommend** granting financial assistance from the President's Fund according to the certification of the Grama Niladhari.

Date :- .....

.....  
Signature and Official Stamp of  
Divisional Secretary

Voucher  
President's Fund

File No. :

Part I (For office use only)

Venue : Colombo  
Account No. : President's Fund - Account No. - 02  
Code :  
Sub Code :

Voucher No. : .....

<b>Payable:</b> (Name - NIC No.)		
Date	Description	Amount (Rs.)
Prepared by		<b>Total Amount</b>
Checked by		

According to my personal knowledge/ as per the certificates in the relevant files, I hereby certify that the above supplies/ services were duly authorized and performed, and an amount of Rupees..... has been paid in compliance with the Regulations/ Contract in a fair and reasonable manner.

Date: Secretary/Accountant  
President's Fund

Part II (For office use only)

Receipts

I received the sum of Rupees (in numbers) .....  
Rupees (in letters) ..... in payment of  
the above account.

Part III

Account Number : .....  
Bank : .....  
Branch : .....  
NIC No. : .....  
Full Name : .....

**Stamp Fee**  
Rs. 25/- For an amount  
above Rs.25,000/-

Signature of Payee\*

\* In case the patient cannot sign, the legal owner of the benefit must be signed

- Please complete only Part III of this voucher, put the patient's signature / beneficiary on the stamp and hand it over to the President's Fund in order to **expedite granting benefits** of medical assistance from the President's Fund.
- **If your request is approved by the President's Fund, this voucher will be utilized** and in case your application is not approved, this voucher will be cancelled and returned to you.
- However, you are kindly informed that the payment for this application will be made under the normal procedure **if you do not wish to send this voucher with the signature.**
- Individual bank account details of the patient should be provided whenever possible to avail the President's Fund benefit. A joint account can be submitted only in special case but the patient/applicant should ensure that the respective grant paid to the legal owner. The President's Fund is not responsible for that.

## Instructions

The medical assistance granted by the President's Fund is a **charitable aid**. Please read the instructions well, complete the application and submit the same to the Office of the President's Fund only if you are an appropriate person in every aspect to receive such **charitable aid**.

### Methods to submit the Application: -

#### **Method 1:**

- **Applying for financial assistance before the surgery/treatment**

(If the financial assistance is sought prior to the surgery/treatment, the application should be submitted under Method 01 described below. Accordingly, payment of the amount approved by the President's Fund is made to the Hospital/Institution).

#### **Method 2:**

- **Applying for financial assistance after surgery/treatment**

In applying for financial assistance after the Surgery/ treatment, the application should be submitted within 60 days (all public holidays & weekends included) from the date of discharge from the hospital after the surgery/treatment, and accordingly, the financial assistance will be granted by the President's Fund to the patient concerned.

**Method 01**-The application should be submitted along with the following documents if financial assistance is requested **before admitting the patient to a Hospital** for surgery/treatment.

#### **Step 01**

Obtain the application by visiting the Office of the President's Fund or by downloading the application from the website mentioned below. - [www.presidentsfund.gov.lk](http://www.presidentsfund.gov.lk)

#### **Step 02**

Visit the Office of the President's Fund and submit the duly completed application along with the following documents to the President's Fund

- I. Recommendation of the **Grama Niladhari and the Income Statement with approval of the Divisional Secretary** (with the signature and official stamp) (Not required to obtain an income report)
- II. Duly completed **Voucher** (To use if required )
- III. Original of the **Doctor's Recommendation**
- IV. **An Estimate** of expenses obtained from the relevant hospital (original)  
(The above mentioned doctor's recommendation and the estimated letter should be on a letter head of the hospital where the patient underwent treatment/surgery. Also, the name of the patient should be mentioned correctly and the letter should be addressed to the Secretary, President's Fund)
- V. Certified **salary particulars of the nearest 03 months** if the patient and family members of the patient are employed
- VI. Photocopies of the **Bank Account (pass book)** that the money is to be credited (To use in case of need) and the **National Identity Card** certified by Grama Niladhari (One photocopy per each)

### Step 03

On receipt of the above application and the related documents, the President's Fund will take the relevant preliminary action and proceed to obtain the approval of the Hon. President.

### Step 04

After obtaining approval of the Hon. President, the patient/ applicant will be informed in that regard.

Further, on receipt of the letter of approval for medical assistance for the patient:

- i. Obtain a date for admission to the hospital (There should be the signature and official seal of the doctor, who performs the surgery)
- ii. Submit a photocopy of the letter issued by the hospital stating the date of admission and a letter of request by the patient/applicant to grant the amount of money approved by the President's Fund to the relevant hospital/institution.
- iii. If the hospital/doctor performing the surgery changes, at the time of applying for the letter of guarantee, a written notification of the change of hospital/doctor with a new doctor's recommendation and estimate should be made through a letter signed by the patient or the applicant.

### Step 05

After the above steps are completed, the President's Fund will issue the **Letter of Guarantee** to the hospital. (Within 14 days from the date of admission in case of surgery / within 30 days from the date of admission for cancer treatment) Accordingly, when you are discharged from the respective hospital after obtaining medical treatment/ undergoing the surgery, the hospital will deduct the amount approved by the President's Fund from the full amount to be paid to the hospital and hence, you will be charged only the amount remaining.

**Method 02- If the patient applies for reimbursement of expenses incurred on medical treatments/ surgery after undergoing such medical treatments/ the surgery.**

### Step 01

Visit the Office of the President's Fund and obtain an application form or download an application from the following website - [www.presidentsfund.gov.lk](http://www.presidentsfund.gov.lk)

### Step 02

Visit the Office of the President's Fund and submit the duly completed application along with the following documents to the President's Fund

- I. Original of the **Doctor's Recommendation**  
(The doctor's recommendation should be on a letterhead of the hospital where the patient underwent treatment/surgery. Also, the name of the patient should be mentioned correctly and the letter should be addressed to the Secretary, President's Fund)
- II. Recommendation of the **Grama Niladhari and the Income statement with approval of the Divisional Secretary** (with the signature and official stamp) (Not required to obtain an income report)
- III. Duly completed **voucher**
- IV. **Original Bills / Receipts** issued by the hospital and a photocopy of the final bill only
- V. A copy of the **Diagnosis Report** issued by the Doctor who performed the surgery (Diagnosis Report/ Discharged Summary).
- VI. Certified **salary particulars of the nearest 03 months** if the patient and family members of the patient are employed



- VII. Photocopies of the **Bank Account (passbook)** that the money is to be credited and the **National Identity Card** certified by **Grama Niladhari** (One photocopy per each)

### Step 03

Once these documents are received, the Office of the President's Fund will verify the accuracy and submit the same for approval of the Hon. President.

### Step 04

After approval is granted by the Hon. President, the relevant amount of money will be remitted to the patient's bank account as per the details mentioned in the Payment Voucher filled in, by the patient/ applicant.

### Special matters to be concerned

1. The application should be read very carefully and all the information should be provided. The duly completed application along with the affidavit and the **report of the Divisional Secretary on family income and the Grama Niladhari's Certificates per Annexure 01**, and Part III of the Annexure 02 with the patient's / beneficiary's signature on a stamp of Rs. 25/= as well as **certified copies of the Pass Book of the Bank Account and the National Identity Card** should be handed over to the President's Fund.
2. **Three Copies of the Divisional Secretary Report** to be completed on income status should be handed over by the **Patient's party** to the Divisional Secretary.
  - First Copy : This copy must be submitted with the application. (The report should be completed and sealed in an envelope with the recommendations of the Grama Niladhari and the Divisional Secretary and the applicant should submit the copy along with the application)
  - Second Copy : The Divisional Secretary should send this report to the President's Fund.
  - Third Copy : For Filing it in the relevant file of the Divisional Secretariat.
03. No letters of Guarantee will be issued for hospitals until the approval of the Hon. President is granted.
04. In reimbursement of medical expenses, the application should be submitted to the President's Fund within 60 days (all public holidays & weekends included) from the date of discharge from the hospital after the medical treatment obtained/surgery performed.
05. Applications and relevant documents can be handed over to the President's Fund within 5 working days from Monday to Friday, during office hours.
06. When completing the application, all sections of the application should be filled and the text stating "**not applicable**" should be mentioned in cases where it is not applicable or when there is no information to be provided.
07. If the patient has any entitlement under **4(II) to (VI)** of the Application, it is compulsory to mention the relevant facts in the application. (If not, bills or receipts will not be certified.)
08. Individual bank account details of the patient should be provided whenever possible to avail the President's Fund benefit. A joint account can be submitted only in special case but the patient/applicant should ensure that the respective grant paid to the legal owner. The President's Fund is not responsible for that.
09. If the **patient is married**, copies of all bank accounts of the patient, spouse and employed unmarried children, if the **patient is unmarried**, copies of all the bank accounts of the patient, mother, father and unmarried brothers/sisters (3 months including the month of

operation/treatment if the **surgery/treatment is completed or** 3 months nearest to the date of submission of the application if the **surgery/treatment has not been performed**) should be attached.

10. In case the available space is not sufficient to include family details and bank details, an annexure should be submitted for the same.
11. The affidavit to be completed and submitted by the patient should affix a stamp of Rs. 50.00 and sign on it.
12. If the President's Fund decides that it needs to further verify the patient's family information, you must provide the relevant information.
13. The duly completed application form should be handed over or by Registered Post to the President's Fund.
14. When the originals of the documents are requested, such documents should be handed over to the President's Fund. Also, only the originals of receipts/bills issued by the hospital should be submitted to the Fund Office, however, the certified copies/ photocopies/ duplicates or second copies obtained by computer will not be accepted.
15. Requests for claiming payments or obtaining Letters of Guarantee, extraneous to the above procedure will not be considered.
16. Subsequent to the submission of your application, a card will be issued stating that it has been acknowledged and this process will be more efficient for both parties if you mention the card number in all instances of communicating with the President's Fund.
17. At the time of submission of the application, it is compulsory to mention the details of the patient's savings bank account in the application.
18. All correspondence with the President's Fund is requested to be sent to the following address and the contact telephone numbers have also been mentioned below. The President's Fund will inform you regarding the way of proceeding the application submitted by you, in several stages by short messages (SMS) and hence, if you provide your mobile phone number/WhatsApp number (if available) accurately to the President's Fund, it will be more convenient for you to get information related to the application. Requests for medical assistance based on the information referred to in this new application and instructions will be implemented with effect from **01.01.2024**.
19. Your unstinted cooperation in this regard is highly appreciated since it is the main objective of the staff of the President's Fund is to provide you an efficient and expeditious service.

**Secretary**

**President's Fund**

No.35, Lake House Building  
03<sup>rd</sup> Floor, D.R.Wijewardena Mawatha  
Colombo 10

Telephone Nos. - 0112354354 - Extension - 4800

Fax No. - 0112331243

WhatsApp - 0740854527

Email Address - [fundsecretary@presidentsoffice.lk](mailto:fundsecretary@presidentsoffice.lk)