## Required Document Checklist

- ☐ Copy of Patient's CNIC
- ☐ Copy of father's/husband's/guardian's CNIC
- ☐ Proof of Employment/Salary Slip
- ☐ Bank Statement of patient (6 months)
- ☐ Bank statement of guardian (This requirement may vary on a case-to-case basis)
- ☐ Copy of Rent Agreement
- ☐ Copies of last 6 months' utility bills
- ☐ Proof of property
- ☐ Copy of patient's diagnosis written by consultant & supporting diagnostic reports
- ☐ Copy of Family Registration Certificate (FRC)

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**For Official Use Only**

Name of Coordinator: _____

Sign: _____

Date: _____

Verification Status: Verified / Unverified

Remarks:

_____

_____

Assigned Case # (if verified): _____