GOVERNMENT OF NAGALAND
OFFICE OF THE DEPUTY COMMISSIONER
MOKOKCHUNG::NAGALAND
email : dcmok-ngl@nic.in

NO.DC-MKG/ DEV- 164/DAF/2019-20 **dated, Mokokchung** **August 2026**

CIRCULAR

In pursuance of Dr. Ambedkar Foundation's letter No. E.O. No- 108062, dated the 27th July 2026, the following information regarding medical aid under Dr. Ambedkar Foundation (DAF) is hereby circulated for knowledge of the general public, that-

The Foundation has been implementing "Dr. Ambedkar Medical Aid Scheme", providing financial assistance to patients belonging to Scheduled Caste (SC) and Scheduled Tribe (ST) communities suffering from life-threatening ailments (including organ transplants, spinal surgeries, kidney, cancer, brain) for patients falling under the category of-

1. Those families whose annual income is lesser than Rs. 5,00,000/-
2. Those patients who are not covered under AB-PMJAY and CMHIS.

Accordingly, eligible individuals may apply for the aid in the prescribed format (annexure-I), along with self-certified copies of the undermentioned documents and submit the form to Director, Dr. Ambedkar Foundation, 15 Janpath, New Delhi 110001, at least 15 days prior to the date of the treatment applied for.

1. Caste/Tribe certificate
2. Income Certificate issued from the Deputy Commissioner's Office
3. Ration card/Aadhaar card
4. Estimated cost of the surgery/transplant/dialysis/Chemotherapy duly certified by the Medical Superintendent of the Hospital in the prescribed format (enclosed as Annexure-II).

The aid so approved shall be released directly to the concerned Hospital (with a maximum ceiling limit according to the ailments applied for as mentioned below) and **not** to the account of the applicant.

Disease	Maximum Ceiling (Rs.)
Heart Surgery	Rs. 1.50 lakh
Kidney Surgery/ Dialysis	Rs. 3.50 lakh
Cancer/Surgery/Chemotherapy/ Raditherapy	Rs. 2.50 lakh
Brain Surgery	Rs. 2.00 lakh
Kidney/organ transplant	Rs. 3.50 lakh
Spinal Surgery	Rs. 1.50 lahk
Other life-threatening diseases	Rs. 2.00 lahk

Additionally, detailed information on the scheme, including forms, eligible criteria, procedure for applying, requisite documents and other required conditions are made available on their official website- ***dosje.gov.in***. Therefore, eligible applicants may visit the aforementioned website for further queries related to the scheme.

(AJIT KUMAR VERMA) IAS
Deputy Commissioner
Mokokchung:Nagaland.

NO.DC-MKG/ DEV- 164/DAF/2019-20/1308 **dated, Mokokchung** 24th **August 2026**

Copy to:

1. The DPRO, Mokokchung, for information and wide publicity in local dailies and other platforms.
2. Office Copy.

24/08/26

Deputy Commissioner
Mokokchung:Nagaland.

ANNEXURE-I

Application form
for Medical Aid under Dr. Ambedkar Medical Aid Scheme
(for SC and ST only)

Self Attested Photo of Patient -passport size.

1. Name of the Patient :.....

2. Name of Father/Mother/Husband/Guardian .....

3. Caste (the patient belongs to).....

4. Gender (Male /Female/Third gender).....Age.....

5. Residential Address of Patient with Pin Code .....

6. Phone Number/ Mobile Number and e-mail, if available.....

7. UIDAI No./ Aadhaar No. of beneficiary .....

8. Nature/Name of Disease .....

9. Date of Surgery/ Dialysis / Chemotherapy / Radiotherapy .....

10. Documents required for Kidney transplant i.e. Relationship with beneficiary (Form 14, format for the decision of the Authorization Committee Certificate) ....., Details of Donor of Kidney i.e. Name....., Age....., Blood Group....., UIDAI No. / Aadhaar No..... Address.....

11. Name of the Hospital from where treatment is sought and if the said hospital is covered under the Scheme (please mention the details (please see para-1 of the Scheme).....

12. Medical Aid required (Estimated Cost Certificate in Original issued by Medical Superintendent of the hospital to be attached).....

13. Annual Family Income from all sources.....

14. Whether the applicant has taken medical financial assistance or aid from any other sources, if so give details .....

15. **Documents Check**: Self attested certificates of following are attached:

(i)	Caste Certificate	: Yes /No
(ii)	Income Certificate	: Yes /No
(iii)	Ration Card/Aadhaar Card	: Yes /No
(iv)	Annexure-II & III duly filled/signed.	: Yes/No

16. It is certified that the information furnished above is true to the best of my knowledge and belief and nothing has been concealed.

I also undertake to ensure that (a) the Discharge Certificate and (b) Final Original Bills alongwith the (c) Utilization Certificate (UC) issued by the Hospital, shall be submitted to Dr. Ambedkar Foundation after my discharge from the hospital.

मनोज तिवारी/Manoj Tiwari
निदेशक/Director
डॉ. आंबेडकर प्रतिष्ठान/Dr. Ambedkar Foundation
सामाजिक न्याय एवं अधिकारिता मंत्रालय
M/o Social Justice & Empowerment
भारत सरकार, नई दिल्ली
Government of India, New Delhi

Signature of the Patient
(Either self /relative etc. or of Legal Guardian in case of Minor)

ANNEXURE-II

Estimate Certificate
(on hospital letter head)

for Medical Aid under Dr. Ambedkar Medical Aid Scheme
(for SCs and STs only)

Ref. No..... Date: .....

1. N.S. No. / Patient No. / Admission No. / C.R. No.....

2. Name of the Patient: .....

3. Name of Father/Mother/Husband/Guardian .....

4. Gender (Male /Female) .....Age.....

5. Nature of Disease .....

6. Date of Surgery/ Dialysis / Chemotherapy / Radiotherapy.....

7. Amount required for Surgery/ Dialysis / Chemotherapy / Radiotherapy .....

8. Whether the Hospital is a Central or State Govt. Hospital or recognized by either Central Govt. or State Govt. or is fully funded by either Central Govt. or State Govt. or is approved under CGHS Scheme of Central Govt. or fully funded under the list of hospitals indicated by name under the Dr. Ambedkar Medical Aid Scheme. (In support, a copy of the relevant order or notification may be enclosed) .....
.....

9. Whether the applicant has taken medical financial assistance or aid from any other sources, if so give details
.....

10. Mandate Form / Bank details of the Hospital (Annexure-III): .....

I undertake that the Hospital shall prepare (a) discharge certificate (b) final bills (c) Utilization certificate of medical aid granted by Dr. Ambedkar Foundation at the time of discharge of the patient from the Hospital and the same shall be immediately forwarded alongwith the Unutilized Aid if any, to Dr. Ambedkar Foundation.

Signature: -.....
(Medical Superintendent of Hospital)
Rubber Stamp bearing.....
Name & Designation.....

मनोज तिवारी / Manoj Tiwari
निदेशक / Director
डॉ. अम्बेडकर प्रतिष्ठान / Dr. Ambedkar Foundation
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