

**ALI YAVAR JUNG NATIONAL INSTITUTE FOR THE SPEECH AND HEARING
DISABILITIES
K C MARG, BANDRA (WEST), MUMBAI – 400 050**

**Application form for availing financial assistance for provision of CI processor/ accessories
or service and repair to ADIP/ CSR beneficiaries under CSR initiatives**

1. Name of ADIP CI beneficiary:
2. Age/Sex:
3. Parents name, address, contact details and email id:

4. Family income per annum:
5. Date of surgery:
6. Name of the hospital and surgeon:
7. Name of the therapy and mapping center:
8. No. of children with hearing impairment in the family:

9. Details of cochlear implant:
 - A. Company name:
 - B. Warranty period:
 - C. Serial no. of the processor:

10. Mention the CI processor or accessory problem along with financial assistance required:

11. Was the assistance received from this scheme for the beneficiary in past? If yes mention the date, reason and amount received for the same.

All the above mentioned information is true

Signature of the parents:

Mobile number:

Enclose the following: i) Quotation of CI accessories/ processor or service and repair charges from the company ii) Trouble shooting report from mapping audiologist.

(Parents are requested to take print of the form, fill it, attach enclosures, scan and send it on the following email address; ayjnishdadippor@gmail.com)