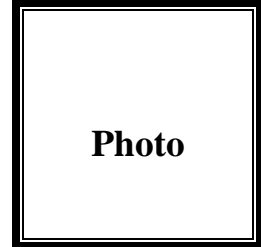


Hope Nepal Organization

New Vision Home, New Baneshwore 10, GPO Box: 24414, Kathmandu / Nepal.



Dear President,

Enclosed please find herewith a copy of medical report by a physician. I have been suffering from _____ since _____. I'm urgently required to receive this treatment as prescribed by the physician.

It has come to know that your Esteemed Organization has been providing kind supports in various fields of human needs & problems with sincere love, especially for those who are helpless, weak, needy, and poor in the Nepalese Society since its establishment.

Being very candid, I could not receive this treatment due to financial problem. May I, therefore, request you to kindly consider upon my pitiful situation enabling me to enjoy a sound health after the necessary treatment. Also please find my personal information in details as follows:

Family Name: _____ Given Name: _____ Age: _____

Date of Birth: _____ Birth Place: _____ Gender: _____

Name of Hospital: _____ Admitted Date: _____ Blood Group: _____

Required Treatment: _____ Estimated Budget: _____ Expectation: _____

Other Sources: _____

Permanent Address:

VDC / Municipality: _____ Village: _____ Ward NO: _____

District: _____ Zone: _____ Tel: _____

Present Address:

VDC / Municipality: _____ Village: _____ Ward NO: _____

District: _____ Zone: _____ Tel: _____

Recommended by: _____ E-mail: _____

I thank you so much for your kind consideration extending necessary supports in my treatment.

Date: _____

Applicant's Signature