

**NAME OF THE HOSPITAL:** \_\_\_\_\_

**1). External Beam Radiotherapy - Radical Treatment (M2L1.1 )/ Palliative Treatment (M2L1.2)/ Adjuvant Treatment (M2L1.3 )/ Radical Treatment With Photons (M2L2.1 )/ Palliative Treatment With Photons (M2L2.2 )/ Adjuvant Treatment With Photons/Electrons (M2L2.3 )/ IMRT (M2L5.1 )/ 3DCRT (M2L6.1 )/ SRS/SRT (M2L7.1 )/ Rapid Ax Therapy (M2L8.1) / IMRT+IGRT (M2L9.1)**

1. Name of the Procedure: Radical Treatment/ Palliative Treatment/ Adjuvant Treatment/ Radical Treatment With Photons/ Palliative Treatment With Photons/ Adjuvant Treatment With Photons/Electrons/ 3DCRT/ SRS/SRT/ Rapid Ax Therapy/ IMRT+IGRT
2. Indication: Malignancy involving any part/organ
3. Does the patient presented with signs & symptoms suggestive of malignancy: Yes/No
4. If the answer to question 3 is Yes then is there any evidence of carcinoma - BIOPSY, USG/CT/MRI/X-RAY: Yes/No (Upload reports)

For Eligibility for any of the above package the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

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**NAME OF THE HOSPITAL:** \_\_\_\_\_

**2). Brachytherapy - Intracavitary LDR (M2L3.1)/ Intracavitary HDR (M2L3.2)/ Interstitial LDR (M2L4.1)/ Interstitial HDR (M2L4.2)**

1. Name of the Procedure: Intracavitary LDR/ Intracavitary HDR / Interstitial LDR/  
Interstitial HDR
2. Indication: Malignancy involving any part/organ
3. Does the patient presented with signs & symptoms suggestive of malignancy: Yes/No
4. If the answer to question 3 is Yes then is there evidence of carcinoma - BIOPSY,  
USG/CT/MRI/X-RAY: Yes/No (Upload reports)

For Eligibility for any of the above package the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

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