

**Shree Bidada Sarvodaya Trust
Non-Profit Charitable Organization**

BIDADA HOSPITAL

Village – Bidada, Taluka – Mandvi,
Kutch, Gujarat, India 370 435.
Tel.: (02834) 244 444 / 244 143
Fax (02834) 244 466
Website <http://www.bidada.com>



USA OFFICE

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vijaychheda@bidada.org

**38th EYE, DENTAL, MEDICAL & SURGICAL CAMP - 1st to 22 January 2012
Opening Ceremony on Saturday 7th January, 2012 at 4.00 pm**

No	Medical Camp	Days	OPD at Bidada	Surgery
1	Orthopedic	Sunday	1	2,3
2	Arthritis / Rehumatology	Sunday	1	-
3	Rehab Medicines	Sunday	1	-
4	Gastroentrology	Tuesday	3	4 Scopy
5	General Surgery	Wednesday	4	5,6,7
6	Cancer	Wednesday	4	5,6
7	Diabetic	Thursday	5	-
8	Endocrinology	Friday	6	-
9	Cardiac	Thu & Fri	5, 6	-
10	Pediatric Cardiology	Thu & Fri	5, 6	-
11	Rheumatic Heart Disease	Saturday	7	-
12	Pediatric	Saturday	7	8,9,10
13	Pediatric Surgery	Saturday	7	
14	Pediatric Urology	Saturday	7	
15	Pediatric Orthopeadic	Saturday	7	
16	Pediatric Endocrinology	Saturday	7	
17	Pediatric Neurology	Saturday	7	
18	Pediatric Physiotherapy	Saturday	7	
19	Dermatology	Monday	9	
20	ENT	Tuesday	10	11,12
21	Audiology	Tuesday	10, 11	-
22	Urology	Thursday	12	13,14,15
23	Asthma & Allergy	Monday	12, 13	-
24	Eye	Monday	16	17,18,19, 20
25	Dental	Monday	16	17, 18
26	Gynecology	Friday	20	21, 22, 23
27	Child Health Care Project		1 – 20	-
28	Cancer Awarness & Checking		1 – 15	
29	Stop Smoking & Chawing Tobaco		1 – 15	
30	General Camp		1 – 20	
31	Pathology		1 – 20	
32	Radiology / X – Ray		1 – 20	
33	Prosthesis & Orthosis		1 – 20	
34	Squent Eye	Feb	8,9 Feb	10, 11 Feb
35	Dental Outreach Program	Feb	6 to 11 Feb	6 to 11 Feb

Medical Camp Registration Form



Shree Bidada Sarvodaya Trust
Bidada Hospital
Village-Bidada, Taluka-Mandvi
Kutch, Gujarat, India-370-435

In consideration for Shree Bidada Sarvodaya Trust (the "Trust") admitting me as a volunteer for the Medical Camp (the "Program"), which may involve travel to, from, and within the country India.

I hereby:

(a) release and discharge the Trust from any liability or responsibility for any injury (including death), and for any damage to or loss of property, howsoever caused, that I suffer as a result of or in connection with my participation in the Program or any travel related to the Program, including, without limitation, any injury, loss, or damage resulting from, arising out of, or occurring in connection with the negligent acts or omissions of members of the Trust or other employees or agents of the Trust; and

(b) agree not to raise any claim or to institute any legal action or proceeding against the Trust for any cause of action that may result from or arise out of or in connection with my participation in the Program or any travel related to the Program, including without being limited to, any cause of action that may result from or arise out of or in connection with the negligent acts or omissions of members of the Trust or other employees or agents of the Trust.

All references to the Trust in this form shall include, and all provisions of this form shall inure to the benefit of, the trustees, officers, employees, agents, servants and representatives.

I will inform an appropriate representative of the Trust named above of any special information regarding my health, or physical or mental condition, that may be relevant to my participation in the Program or any travel related to the program.

Name: _____

Date: _____
(MM/DD/YY)

Date of Birth: _____
(MM/DD/YY)

By checking this box I agree to the terms and conditions stated above.



Medical Camp Registration Form
Shree Bidada Sarvodaya Trust

Name: _____ Sex: M F Age: _____

Home Address: _____ Country: _____

Telephone: _____
Cell Home Work

E-Mail: _____

Address in India: _____

Telephone: _____
Cell Home Work

Departure date from Mumbai to Bidada: _____ Return date from Bidada: _____

If departure or return city different from Mumbai, please specify: _____

Choose one: Physician Volunteer Resident, Year: _____ Medical Student, Year: _____

Specialty/ Education: _____

If Physician/Resident/Medical Student/Nurse:

If Volunteer:

Medical Degree: _____

Education: _____

Country/State/Year Degree Issued: _____

Area of Interest: _____

Professional Affiliation: _____

List any medical conditions that we should be aware of and any medications being used to treat these conditions.

Medical Condition (s):

Medication (s) Used:

List below any medication(s) that may induce an allergic reaction:

List two persons in India or abroad that we may contact in case of an emergency:

1. Name: _____ Relationship to participant: _____

Address: _____

Telephone: _____ E-Mail: _____
Daytime Evening

2. Name: _____ Relationship to participant: _____

Address: _____

Telephone: _____ E-Mail: _____
Daytime Evening

 Date (MM/DD/YY)

By checking this box I certify that the above information is true and correct.



Medical Camp Registration Form
Shree Bidada Sarvodaya Trust

Village : Bidada, Taluka : Mandvi, Kutch, Gujarat, INDIA - 370 435
FCRA 1976 No. 042050010

Foreign visitor information required by the government of India

1	Serial Number	<input type="checkbox"/> None
2	Name and Permanent Address & Contact Number	
3	Name and Permanent Address & Contact Number in India	
4	Nationality	<input type="checkbox"/> USA <input type="checkbox"/> Canada <input type="checkbox"/> Other: _____
5	Purpose of visit	<input type="checkbox"/> Medical Camp <input type="checkbox"/> Friends & Family <input type="checkbox"/> Other: _____
6	Amount of Donation in Indian Rs. (If Any)	<input type="checkbox"/> None <input type="checkbox"/> Other: _____
7	Details of Last visit (If Any)	
8	Duration of this visit From(Date) - To (Date)	-
9	Details of the Place of stay in India (specially night stay)	<input type="checkbox"/> Medical Camp <input type="checkbox"/> Alt Address: _____
10	Link between foreigner and NGO / Trustees	<input type="checkbox"/> None <input type="checkbox"/> Other: _____
11	Mode of Conveyance adopted by the foreigner (Train/Air)	<input type="checkbox"/> Train <input type="checkbox"/> Air <input type="checkbox"/> Car
12	Visiting from, Arriving to (Specify City, State, Country)	
13	Passport Number with date of Issue	
14	VISA Number	
15	Type of VISA (Business, Tourist etc.)	
16	Validity of VISA (From - To)	

All information must be filled out by volunteers and doctors in order to process registration.



Shree Bidada Sarvodaya Trust
Bidada Hospital
Village-Bidada, Taluka-Mandvi
Kutch, Gujarat, India-370-435

In order to attend the medical camp, travel and lodging arrangements from Mumbai to Bidada and back to Mumbai must be made well in advance. To avoid any last minute difficulties the trust makes all the necessary reservations and arrangements for its attendees. Please take note of the available travel options with pricing listed below and select the one that best fits your needs.

	1-7 Days	1-14 Days	1-21 Days	Total
Train	\$100	\$150	\$200	
Air	\$300	\$350	\$400	
Donation for Medical Camp	\$50	\$100	Other: _____	

Total Dues:

Funds collected for the aforementioned accommodations are not refundable but are fully tax deductible. To ensure the necessary arrangements are taken care of in time we ask that all attendees please send in a check for the amount selected made payable to “**Jain Center of Southern California**” to the following address.

Dr. Manibhai Mehta
11403 Tortuga St,
Cypress, CA, USA, 90630

Submit Form via E-Mail