

VRN-C-20-12-0449

APPLICATION FORM FOR ASSISTANCE

सहायता हेतु आवेदन प्रारूप

(Healthcare)

(स्वास्थ्य देखभाल)



APPLICATION NO.: 4884 नं. 1220/0230 APPLICATION DATE: 09/12/20

NAME of APPLICANT: Julla AGE-YEARS: 52 SEX: F

FATHER'S/SPOUSE'S NAME: Punna

PRESENT RESIDENCE ADDRESS: Gherda gate, Deeg, Deeg  
 DIST. Bhanuapuri, Rajasthan, 321203  
 PERMANENT RESIDENCE ADDRESS: Same as above

Pratap Poojap  
 (0230) Julla

OCCUPATION: Home Maker MARRIED (निवृत्त) / UNMARRIED (अविवाहित)

TOTAL ANNUAL INCOME: 2000/- (Family) (Attach Proof of Income) (आय का साक्ष्य संलग्न) NA

ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable): Yes/No

| Sr. No. | Name of Family Member | Age (Years) | Gender | Relation with Applicant |
|---------|-----------------------|-------------|--------|-------------------------|
| 1       | Sukran                | 25          | M      | Husband                 |
| 2       | Yadnam                | 30          | M      | Son                     |
| 3       | Pista                 | 29          | F      | Daughter in law         |
| 4       | Ravan                 | 11          | M      | Grand Son               |
| 5       | Pradhep               | 02          | M      |                         |
| 6       | Sanyu                 | 04          | F      | Grand Daughter          |

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)

|                             |   |                           |                       |
|-----------------------------|---|---------------------------|-----------------------|
| BPL Card (Attach Card Copy) | EWS Certificate (Attach Certificate Copy) | Ration Card (Attach Copy) | Any Other Baste/Proof |
|-----------------------------|---|---------------------------|-----------------------|

'PURPOSE' for REQUESTING ASSISTANCE

|         |  |
|---------|--|
| Sr. No. | Medical Reports/Prescriptions Attached |
| 1       | RE - P.P.                              |
| 2       | IE - Total Cataract                    |
| 3       | Surgery - (IE) SICS + IOL              |

ASSISTANCE BEING AVAILED for SAME 'PURPOSE' from OTHER SOURCES

|         |                      |                                    |
|---------|----------------------|------------------------------------|
| Sr. No. | NAME of OTHER SOURCE | AMOUNT of ASSISTANCE BEING AVAILED |
| 1       | Lufkin Foundation    | 1000/-                             |

