

APPLICATION FORM FOR ASSISTANCE
सहायता हेतु आवेदन प्रारूप

(Healthcare)
(स्वास्थ्य देखभाल)



APPLICATION No. : N/0622/0419 APPLICATION DATE : 1/06/22

NAME of APPLICANT : Nagarathamma AGE-YEARS : 66 SEX : F

FATHER/SPOUSE'S NAME : w/o Subbanna



Psc op Post op
- 0419 Nagarathamma

PRESENT RESIDENCE ADDRESS : Bendagalli Gundlupete Taluka

PERMANENT RESIDENCE ADDRESS : Channarayana District Koppalaka

- Same as above -

OCCUPATION : Home maker

MARRIED (विवाहित) / UNMARRIED (अविवाहित)

TOTAL ANNUAL INCOME : 25000/- (Attach Proof of Income)

PAN No. : Yes No

ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable):

FAMILY DETAILS परिवार विवरण

Sr. No.	Name of Family Member	Age (Years)	Gender	Relation with Applicant
1	Subbanna	74	M	Husband
2	Mahesh	37	M	Son

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)

<input checked="" type="checkbox"/> BPL Card (Attach Card Copy)	<input type="checkbox"/> EWS Certificate (Attach Certificate Copy)	<input checked="" type="checkbox"/> Ration Card (Attach Copy)	<input type="checkbox"/> Any Other Basis/Proof
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"PURPOSE" for REQUESTING ASSISTANCE

Sr. No.	Medical Reports/Prescriptions Attached
1	Diagnosis RE Cataract LE Cataract
2	Surgery LE Cataract + P.C.T.O.

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES

Sr. No.	NAME of OTHER SOURCE	AMOUNT of ASSISTANCE BEING AVAILED
1	DBCS	2000/-

