

APPLICATION FORM FOR ASSISTANCE
 सहायता हेतु आवेदन प्रारूप

(Healthcare)
 (स्वास्थ्य देखभाल)



APPLICATION No. : N/0622/0432 APPLICATION DATE : 1/6/22

NAME of APPLICANT : Basavaih AGE-YEARS : 68 SEX : M

FATHER'S/SPOUSE'S NAME : S/o Kunnabavaiiah

PRESENT RESIDENCE ADDRESS : Daddochuppur Chikkaluppur, Gundlupete Taluk, Chamaraingarara District, Karnataka

PERMANENT RESIDENCE ADDRESS : Same as above



Doc of Post op 0432 Basavaih

OCCUPATION : Coolie MARRIED (विवाहित) / UNMARRIED (अविवाहित)

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

PAN No. : [Blank]

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

FAMILY DETAILS परिवार विवरण				
Sr. No. क्रम संख्या	Name of Family Member परिवार के सदस्यों का नाम	Age (Years) उम्र (वर्ष)	Gender लिंग	Relation with Applicant आवेदक के साथ संबंध
1	Devamma	65	F	Wife
2	Veeza Bhadra	26	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: सहायता हेतु किसे करने विवरी का उद्देश्य:

Sr. No. क्रम संख्या	Medical Reports/Prescriptions Attached अस्पताल/डॉक्टर से जारी की गई प्रिविबेन प्रुको संलग्न		
1	Diagnosis	RF LE	Cataract Cataract
2	Surgery	RF	Cataract + PCTOL

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES

Sr. No. क्रम संख्या	NAME of OTHER SOURCE अन्य स्रोत का नाम	AMOUNT of ASSISTANCE BEING AVAILED जो गई सहायता राशि
1	DBCS	2000/-

