

APPLICATION FORM FOR ASSISTANCE
 सहायता हेतु आवेदन फॉर्म

(Healthcare)
 (आरोग्य हेतु)



APPLICATION No.: B/0925/1868
 आवेदन क्रमांक

APPLICATION DATE: 17/9/25
 आवेदन दिनांक

NAME of APPLICANT: Sheik Ibrahim
 आवेदन करणारा नाव

AGE-YEARS: 68
 SEX: M

FATHER/SPOUSE'S NAME: Shaik Abu
 पिता/पत्नीचे नाव

PRESENT RESIDENCE ADDRESS: Bapuji Nagar, Bangalore, Karnataka
 सध्याचे निवास पत्ता

PERMANENT RESIDENCE ADDRESS: [Blank]
 स्थायी निवास पत्ता



purp - part of 1868 - Sheik Ibrahim

OCCUPATION: Unemployed

MARRIED / UNMARRIED

TOTAL ANNUAL INCOME: [Blank]

(Attach Proof of Income)

PAN No. [Blank]

ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable):
 कायदाद्वारे करा करावयाचा आहे (कोटेशन किंवा कर देण्याची आवश्यकता आहे)

Yes / No

FAMILY DETAILS

Sr. No.	Name of Family Member	Age (Years)	Gender	Relation with Applicant

BASES for REQUESTING ASSISTANCE

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

Sr. No.	Medical Reports/Prescriptions Attached
1	Diagnosis - RE - cataract
2	LE - cataract
3	Subsequent - LE - cataract + p.c.d

ASSISTANCE BEING AWAILED for SAME "PURPOSE" from OTHER SOURCES

Sr. No.	NAME of OTHER SOURCE	AMOUNT of ASSISTANCE BEING AWAILED

