

APPLICATION FORM FOR ASSISTANCE  
सहायता हेतु आवेदन प्रारूप

(Healthcare)  
(स्वास्थ्य देखभाल)



Pre-op Post-op  
2377 Narasiah

APPLICATION No. : 810224 / 2377 APPLICATION DATE : 01/01/24

NAME of APPLICANT : Narasiah AGE-YEARS : 674 SEX : M

FATHER'S/SPOUSE'S NAME : Shri S. Narasimhaiah

PRESENT RESIDENCE ADDRESS : No 255, 5th main Anandathinagar  
Bargalere Karnataka

PERMANENT RESIDENCE ADDRESS : [Blank]

OCCUPATION : Coolie

TOTAL ANNUAL INCOME : 26,000/-

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)	Mangamma	584	F	Wife
2)	Ravikumar N	384	M	Son
3)	Rathna	334	F	Daughter

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)			
<input checked="" type="checkbox"/> BPL Card	<input type="checkbox"/> EWS Certificate	<input checked="" type="checkbox"/> Ration Card	<input type="checkbox"/> Any Other Basis/Proof

Sr. No.	Diagnosis	Medical Reports/Prescriptions Attached
1)	Diagnosis	RE Cataract
		LE Cataract
	Surgery	RE Out + RCTOKA

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES		
Sr. No.	NAME of OTHER SOURCE	AMOUNT of ASSISTANCE BEING AVAILED
1)	DBCS	2000/-

