

APPLICATION FORM FOR ASSISTANCE

सहायता हेतु आवेदन प्रारूप

(Healthcare)

(स्वास्थ्य देखभाल)



APPLICATION No.: K/077/0615

APPLICATION DATE: 15.07.17

NAME of APPLICANT: MD KAMRUDDIN

AGE-YEARS 42

SEX M

FATHER'S/SPOUSE'S NAME: MODHUIM

PRESENT RESIDENCE ADDRESS

47B CONEL EAST ROAD KOLKATA, WEST BENGAL

PERMANENT RESIDENCE ADDRESS: AS ABOVE



OCCUPATION: CONTRACT LABOUR

TOTAL ANNUAL INCOME: RS. 2000 x 12 = 24,000/- (Attach Proof of Income)

PAN No. TADT TADT TADT

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

Yes / No

HAI / NAHI (जो मान्य हो उस पर सही का चिह्न लगाएं)

FAMILY DETAILS

Sr. No.	Name of Family Member	Age (Years)	Gender	Relation with Applicant
1.	MD KAMRUDDIN	42	M	SELF
2.	MODHUIM	34	F	WIFE
3.	ABIR RAHMAN	12	M	SON
4.	MOTIAK RAHMAN	10	M	SON
5.	ASMITA	4	F	DAUGHTER
6.	KASMITA	4	F	DAUGHTER

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)

आवक के लिए किसी आधार

BPL Card (Attach Card Copy) गरीबी रेश के साथ प्रमाण पत्र (प्रमाण पत्र की छाया प्रति संलग्न करें)	EWS Certificate (Attach Certificate Copy) अल्प आय वर्ग प्रमाण पत्र (प्रमाण पत्र की छाया प्रति संलग्न करें)	Ration Card (Attach Copy) उपभोग्य कार्ड (प्रमाण पत्र की छाया प्रति संलग्न करें)	Any Other Basis/Proof अन्य कोई प्रमाण
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"PURPOSE" for REQUESTING ASSISTANCE:

आवक हेतु बिंदु पर किसी का उद्देश्य:

Sr. No.	Medical Reports/Prescriptions Attached
1.	DIAGNOSIS - CATARACT - LE
2.	SURGERY - LE (STC + IOL)

ASSISTANCE BEING AWAILED for SAME "PURPOSE" from OTHER SOURCES

इस उद्देश्य के हेतु कोई अन्य सहायता किसी अन्य स्रोत से प्राप्त होगी?

Sr. No.	NAME of OTHER SOURCE	AMOUNT of ASSISTANCE BEING AWAILED
	अन्य स्रोत का नाम	तो वह कितना राशि

