

APPLICATION FORM FOR ASSISTANCE (Healthcare)		(सहायता हेतु आवेदन प्रारूप)		(स्वास्थ्य देखभाल)	
APPLICATION No.: K/0717/0620		APPLICATION DATE: 15.07.24			
NAME of APPLICANT: PARUL MANDAL		AGE-YEARS: 77			
FATHER'S/SPOUSE'S NAME: KENARAM MANDAL		SEX: F			
PRESENT RESIDENCE ADDRESS: TARBODHA, PASCHIM PURA, TARBODHA, KAPASH HT, KHANGARH, SOUTH 24 PARGANAS, WEST BENGAL					
PERMANENT RESIDENCE ADDRESS: AS ABOVE					
OCCUPATION: HOUSE WIFE				MARRIED (विवाहित) / UNMARRIED (अविवाहित)	
TOTAL ANNUAL INCOME: NIL				(Attach Proof of Income)	
ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable): Yes / No					
FAMILY DETAILS (परिवार विवरण)					
Sr. No.	Name of Family Member	Age (Years)	Gender	Relation with Applicant	
1.	PARUL MANDAL	77	F	SELF	
2.	SYAMALI MANDAL	69	F	WIFE	
3.	SOMONA MANDAL	45	F	DAUGHTER	
BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)					
BPL Card (Attach Card Copy)		EWS Certificate (Attach Certificate Copy)		Ration Card (Attach Copy)	
Any Other Basis/Proof		Any Other Basis/Proof		Any Other Basis/Proof	
"PURPOSE" for REQUESTING ASSISTANCE:					
Medical Reports/Prescriptions Attached					
Sr. No.	Diagnosis - CATARACT - RE				
Sr. No.	SURGERY - RE (JICS + IOL)				
ASSISTANCE BEING AWARDED for SAME "PURPOSE" from OTHER SOURCES					
Sr. No.	NAME of OTHER SOURCE			AMOUNT of ASSISTANCE BEING AWARDED	

