

APPLICATION FORM FOR ASSISTANCE
(Healthcare)

(सहायता हेतु आবেदन फार्म)



APPLICATION No.: K/0717/0638 APPLICATION DATE: 18/07/18

NAME of APPLICANT: SURATAN AGE/YEARS: 72 SEX: F

FATHER'S/SPOUSE'S NAME: DINMOHD MONDAL

PRESENT RESIDENCE ADDRESS: PART NO-0190, DUTTA PURUR-1, NORTH 24 PARGANAS, WEST BENGAL

PERMANENT RESIDENCE ADDRESS: AS ABOVE

OCCUPATION: HOUSE WIFE

TOTAL ANNUAL INCOME: NIL (Attach Proof of Income)

PAN No. (Attach Copy)

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	SURATAN MONDAL	72	F	SELF
2	SAHARAN MONDAL	48	M	SON
3	JOBEDA MONDAL	45	F	DAUGHTER
4	SAKILA MONDAL	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
गरीबी रखा के नीचे प्रमाण पत्र (अलग पर की छाया प्रति संलग्न करें)	असह्यता प्रमाण पत्र (अलग पर की छाया प्रति संलग्न करें)	उपभोग्य कार्ड (अलग पर की छाया प्रति संलग्न करें)	अन्य कोई प्रमाण

"PURPOSE" for REQUESTING ASSISTANCE: बहायत हेतु किने गने बिछी का उद्देश्य:

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

ASSISTANCE BEING AVAILABLE for SAME "PURPOSE" from OTHER SOURCES: इस उद्देश्य के हेतु कोई अन्य बहायत किसी अन्य स्रोत से लिख गद्य हो?

Sr. No.	NAME of OTHER SOURCE	AMOUNT of ASSISTANCE BEING AVAILABLE
	अन्य स्रोत का नाम	तो गद्य बहायत पुरी

