

APPLICATION FORM FOR ASSISTANCE (Healthcare)		Koshika Foundation Building Health of the		
APPLICATION No.: K/0717/0642		APPLICATION DATE: 12/02/17		
NAME of APPLICANT: RAJKUMAR SAHA		AGE-YEARS: 63	SEX: M	
FATHER'S/SPOUSE'S NAME: NILMANI SAHA				
PRESENT RESIDENCE ADDRESS: 128 GANDHI NAGAR (CANGSHIR) PANIHATI M KHARDAHA NORTH 24 PARGANAS 700109. WEST BENGAL				
PERMANENT RESIDENCE ADDRESS: AS ABOVE				
OCCUPATION: UNEMPLOYEE				
TOTAL ANNUAL INCOME: NIL		(Attach Proof of Income)		
PAN No. (If any):				
ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable): Yes / No				
FAMILY DETAILS				
Sr. No.	Name of Family Member	Age (Years)	Gender	Relation with Applicant
1.	RAJKUMAR SAHA	63	M	SELF
2.	PRATIMA SAHA	55	F	WIFE
3.	BODU SAHA	37	M	SON
4.	ANJALI SAHA	28	F	DAUGHTER
5.	PURNIMA SAHA	25	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	
"PURPOSE" for REQUESTING ASSISTANCE:				
Sr. No.	Medical Reports/Prescriptions Attached			
1.	DIAGNOSIS - CATARACT - LE			
2.	SURGERY - LE (SRJ + IOL)			
ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES				
Sr. No.	NAME of OTHER SOURCE	AMOUNT of ASSISTANCE BEING AVAILED		

