

APPLICATION FORM FOR ASSISTANCE (Healthcare)		(सहायता हेतु आवेदन प्रारूप)		(स्वास्थ्य देखभाल)			
APPLICATION No.: K/0917/0857		APPLICATION DATE: 06.09.17					
NAME of APPLICANT: MAMSED MIDYA		AGE-YEARS: 83				SEX: M	
FATHER'S/SPOUSE'S NAME: LATE SADHU MIDYA							
PRESENT RESIDENCE ADDRESS: SERA PARA, KANPUR NATH HOLURAH 31410 WEST BENGAL							
PERMANENT RESIDENCE ADDRESS: AS ABOVE							
OCCUPATION: UNEMPLOYED							
TOTAL ANNUAL INCOME: NIL				(Attach Proof of Income)			
PAN No. [Blank]							
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	MAMSED MIDYA	83	M	SELF			
2	SAHARARA MIDYA	46	F	WIFE			
3	ANUSHAH MIDYA	50	M	SON			
4	ANUSURAH MIDYA	41	F	DAUGHTER IN LAW			
5	ASATK MIDYA	20	M	GRAND SON			
6	NABRUL MIDYA	15	M	GRAND SON			
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:							
Medical Reports/Prescriptions Attached							
Sr. No.	1. DIAGNOSIS CATARACT LE						
	2. SURGERY - LE (STIE 410L)						
ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES							
Sr. No.	NAME of OTHER SOURCE		AMOUNT of ASSISTANCE BEING AVAILED				

