

APPLICATION FORM FOR ASSISTANCE  
(Healthcare)

(स्वास्थ्य देखभाल)

Koshika  
foundation  
Building block of life

APPLICATION No. : K/1017/1008 APPLICATION DATE : 05.10.17

NAME of APPLICANT : USMAN MANDAL AGE-YEARS : 55 SEX : M

FATHER/SPOUSE'S NAME : KHODABAKS MANDAL

PRESENT RESIDENCE ADDRESS : PHALEYA, GOPALNAGAR 1, NORTH 24 PARGANAS, 743262, WEST BENGAL

PERMANENT RESIDENCE ADDRESS : AS ABOVE

OCCUPATION : LABOUR

TOTAL ANNUAL INCOME : RS. 1600 x 12 = 19,200/- (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       | USMAN MANDAL          | 55          | M      | SELF                    |
| 2       | JAHANARA BIBI         | 50          | F      | WIFE                    |
| 3       | NAJMUN MANDAL         | 23          | F      | DAUGHTER                |
| 4       | STOLI MANDAL          | 25          | F      | DAUGHTER                |
| 5       | KHATRUL MANDAL        | 22          | M      | SON                     |

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)

|                                |                                              |                              |                          |
|--------------------------------|----------------------------------------------|------------------------------|--------------------------|
| BPL Card<br>(Attach Card Copy) | EWS Certificate<br>(Attach Certificate Copy) | Ration Card<br>(Attach Copy) | Any Other<br>Basis/Proof |
|--------------------------------|----------------------------------------------|------------------------------|--------------------------|

"PURPOSE" for REQUESTING ASSISTANCE:

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

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES

| Sr. No. | NAME of OTHER SOURCE | AMOUNT of ASSISTANCE BEING AVAILED |
|---------|----------------------|------------------------------------|
|---------|----------------------|------------------------------------|

