

APPLICATION FORM FOR ASSISTANCE
(Healthcare)

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(स्वास्थ्य देखभाल)

Koshika
foundation
Building block of life.

APPLICATION No. : K/1017/1016 APPLICATION DATE : 06.10.17

NAME of APPLICANT : PRABODH DAS AGE-YEARS : 64 SEX : M

FATHER'S/SPOUSE'S NAME : SUDHIR DAS

PRESENT RESIDENCE ADDRESS : BHARATAGARH, BASANTI, SOUTH 24 PARGANAS, WEST BENGAL

PERMANENT RESIDENCE ADDRESS : AS ABOVE

OCCUPATION : UNEMPLOYEE

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.	PRABODH DAS	64	M	SELF
2.	JAYA DAS	56	F	WIFE
3.	PROSANTA DAS	33	M	SON
4.	SRIMANTA DAS	30	M	SON
5.	TUKTUK DAS	26	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
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"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
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