

APPLICATION FORM FOR ASSISTANCE
(Healthcare)

(सहायता हेतु आवेदन प्रारूप)

Koshika
foundation
Building block of life.

APPLICATION No. : K/1017/1071 APPLICATION DATE : 11.10.17

NAME of APPLICANT : SAGAR MONDAL AGE-YEARS : 72 SEX : M

FATHER'S/SPOUSE'S NAME : SAHADEB MONDAL

PRESENT RESIDENCE ADDRESS : BOALDAHA AROPTA, BEGAMPUR, DHARAMPURKURIA, NORTH 24 PARAGANAS, 743235, WEST BENGAL

PERMANENT RESIDENCE ADDRESS : AS ABOVE

OCCUPATION : UN EMPLOYEE

TOTAL ANNUAL INCOME : NIL (Attach Proof of Income)

PAN No. : XXXXX XXXX XXXX

ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable): Yes / No

Sr. No.	Name of Family Member	Age (Years)	Gender	Relation with Applicant
1.	SAGAR MONDAL	72	M	SELF
2.	PROMILA MONDAL	65	F	WIFE
3.	PRODIP MONDAL	40	M	SON
4.	PROSANTA MONDAL	37	F	DAUGHTER
5.	KAKOLI MONDAL	34	M	SON

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable):

BPL Card (Attach Card Copy)	EWS Certificate (Attach Certificate Copy)	Ration Card (Attach Card Copy)	Any Other Basis/Proof
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"PURPOSE" for REQUESTING ASSISTANCE:
सहायता हेतु किये गये निम्नी का उद्देश्य:

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

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES
इस उद्देश्य को हेतु कोई अन्य सहायता किसी अन्य स्रोत से लिया गया है?

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

