

APPLICATION FORM FOR ASSISTANCE (Healthcare)		(स्वास्थ्य देखभाल)		
APPLICATION No. : K/1017/1073		APPLICATION DATE : 12.10.17		
NAME of APPLICANT : KHODAIJA KHATUN		AGE-YEARS : 60	SEX : F	
FATHER'S/SPOUSE'S NAME : SADURUDDIN				
PRESENT RESIDENCE ADDRESS : HNO. 11, G/L NO 3, KATCHARY ROAD, JAGATDAL, SHAMTARA (M), NORTH 24 PARGANAS, 743125, WEST BENGAL				
PERMANENT RESIDENCE ADDRESS : AS ABOVE				
OCCUPATION : HOUSE WIFE				
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.	KHODAIJA KHATUN	60	F	SELF
2.	SAMIM	47	M	SON
3.	JALDA KHATUN	32	F	DAUGHTER IN LAW
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				
1.	DIAGNOSIS- CATARACT- LE			
2.	SURGERY- LE (SIESTOL)			
ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES				
Sr. No.	NAME of OTHER SOURCE	AMOUNT of ASSISTANCE BEING AVAILED		
1.				
2.				

