

APPLICATION FORM FOR ASSISTANCE
(Healthcare)

(सहायता हेतु आवेदन प्रारूप)
(स्वास्थ्य देखभाल)

Koshika
foundation
Building blocks of life

APPLICATION No. : K/1018/1075 APPLICATION DATE : 12.10.17

NAME of APPLICANT : BISWANATH SHAW AGE-YEARS : 70 SEX : M

FATHER'S/SPOUSE'S NAME : LATE CHOBA SHAW

PRESENT RESIDENCE ADDRESS : 15 SHUKU MAHASHAY PATH, WANKINARA BHATTARA (M), NORTH 24 PARGANAS, 743126, 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.	BISWANATH SHAW	70	M	SELF
2.	SOMA DEVI	62	F	WIFE
3.	GOTAM SHAW	37	M	SON
4.	GOBINDA SHAW	34	M	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
यदि कोई राशन कार्ड प्रमाणित है।	अल्प आय वर्ग प्रमाणित है।	उपभोक्ता कार्ड प्रमाणित है।	अन्य कोई प्रमाण

"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

