

APPLICATION FORM FOR ASSISTANCE
सहायता हेतु आवेदन प्रारूप

(Healthcare)
(स्वास्थ्य देखभाल)

Koshika
foundation
Building block of life

APPLICATION No.: K/0118/1623 APPLICATION DATE: 05/04/18

NAME of APPLICANT: DARPANA PAHARI AGE-YEARS: 55 SEX: F

FATHER'S/SPOUSE'S NAME: TUSHAR PAHARI

PRESENT RESIDENCE ADDRESS: RAICHARAN BALLY, BAMANPUKUR, MINAKHAN, NORTH 24 PARGANAS, 743425, WEST BENGAL

PERMANENT RESIDENCE ADDRESS: AS ABOVE

OCCUPATION: HOUSE WIFE

TOTAL ANNUAL INCOME: NIL (Attach Proof of Income)

PAN No. 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.	DARPANA PAHARI	55	F	SELF
2.	TUSHAR KANTI PAHARI	64	M	HUSBAND
3.	SANDIP PAHARI	31	M	SON
4.	JAYANTA PAHARI	27	M	SON

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)			
सहायता के लिये किसी आधार			
BPL Card (Attach Card Copy) सीसी रेखा के साथ प्रमाण पत्र (प्रमाण पत्र की छाया प्रति संलग्न करें)	EWS Certificate (Attach Certificate Copy) आय आय वर्ग प्रमाण पत्र (प्रमाण पत्र की छाया प्रति संलग्न करें)	Ration Card (Attach Copy) रेशनकार्ड कार्ड (प्रमाण पत्र की छाया प्रति संलग्न करें)	Any Other Basis/Proof अन्य कोई साक्ष्य

"PURPOSE" for REQUESTING ASSISTANCE: सहायता हेतु किये गये विपत्ती का उद्देश्य:

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

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

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

