

APPLICATION FORM FOR ASSISTANCE
सहायता हेतु आवेदन प्रारूप

(Healthcare)
(स्वास्थ्य देखभाल)



APPLICATION No. : 4/12/18/2074 APPLICATION DATE : 18/12/18
आवेदन क्रमांक : आवेदन तिथि

NAME of APPLICANT : SAMAR GAYEN AGE-YEARS : 53 SEX : M
आवेदन करेवाला का नाम उमर-वर्ष लिंग

FATHER/SPOUSE'S NAME : BASANTA GAYEN
पिता/पत्नी का नाम

PRESENT RESIDENCE ADDRESS : WEST BALIA BASTUR, SONBERPUR GARIA, SOUTH 24 PARGANAS, COOCHIN WEST BENGAL
PERMANENT RESIDENCE ADDRESS : AS ABOVE



OCCUPATION : Rickshaw Puller. MARRIED (विवाहित) / UNMARRIED (अविवाहित)

TOTAL ANNUAL INCOME : Rs. 1500x12 = 18000/- (Attach Proof of Income)
कुल वार्षिक आय (आय का प्रमाण संलग्न करें)

PAN No. : [Blank]

ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable): Yes / No
क्या आप आय करदाता हैं (को फॉर्म में उचित चिह्न का चयन करें) हाँ / नहीं

FAMILY DETAILS				
Sr. No.	Name of Family Member	Age (Years)	Gender	Relation with Applicant
1.	SAMAR GAYEN	53	M	SELF
2.	SATISH GAYEN	21	F	DAUGHTER
3.	PREDIP GAYEN	16	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
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"PURPOSE" for REQUESTING ASSISTANCE:
सहायता हेतु किसे फॉर्म भिजाने का उद्देश्य:

Sr. No.	Medical Reports/Prescriptions Attached
1.	DIAGNOSIS - CATARACT - RE
2.	SURGERY - RE (SICS/LOT)

ASSISTANCE BEING AWAIRED for SAME "PURPOSE" from OTHER SOURCES

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

