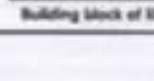


APPLICATION FORM FOR ASSISTANCE सहायता हेतु आवेदन प्रारूप		(Healthcare) (स्वास्थ्य देखभाल)		 Koshika foundation Building Block of life.	
APPLICATION No.: K/0119/2107		APPLICATION DATE: 01/01/19			
NAME of APPLICANT: HANSRAJ DAS		AGE-YEARS: 64	SEX: M.		
FATHER'S/SPOUSE'S NAME: DUKHI DAS					
PRESENT RESIDENCE ADDRESS: 83A TILAJALA ROAD TILAJALA SOUTH 24 PARAGANAS DISTRICT, WEST BENGAL					
PERMANENT RESIDENCE ADDRESS: AS ABOVE					
OCCUPATION: UNEMPLOYED			MARRIED (विधिवि) / UNMARRIED (अविधिवि)		
TOTAL ANNUAL INCOME: NIL			(Attach Proof of Income)		
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	HANSRAJ DAS	64	M	SELF	
2	KANTA DAS	61	F	WIFE	
3	PABU DAS	28	M	SON	
4	PARULAKH DAS	25	M	SON	
BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)					
BPL Card	EWS Certificate	Ration Card	Any Other Basis/Proof		
(Attach Card Copy)	(Attach Certificate Copy)	(Attach Copy)			
"PURPOSE" for REQUESTING ASSISTANCE:					
Medical Reports/Prescriptions Attached					
1. Trauma - Chest - Ribs - Re.					
2. Surgery - Re (Chest)					
ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES					
Sr. No.	NAME of OTHER SOURCE	AMOUNT of ASSISTANCE BEING AVAILED			

