

URN: C-20-02-0407

APPLICATION FORM FOR ASSISTANCE

(Healthcare)

सहायता हेतु आवेदन प्रारूप

(स्वास्थ्य देखभाल)



APPLICATION No: 110220/1191

APPLICATION DATE: 18-02-20

NAME OF APPLICANT: Chameli Devi

AGE-YEARS: 65

SEX: F



FATHER'S/HUSBAND'S NAME: Mem Singh

PRESENT RESIDENCE ADDRESS: Vill. KAKA, Begun, Bona, Bona

PERMANENT RESIDENCE ADDRESS: Distt- Muzaffarpur, P.O. 202133

SAME AS ABOVE

Pin op Post op (1191) Chameli Devi

OCCUPATION: Home-Maker

MARRIED (निम्नलिखित) / UNMARRIED (निम्नलिखित)

TOTAL ANNUAL INCOME: 19500/-

(Attach Proof of Income) NA

ARE YOU AN INCOME TAX ASSESSEE (Tick whichever is applicable): Yes / No

FAMILY DETAILS परिवार विवरण

Sr. No. क्रम संख्या	Name of Family Member परिवार के सदस्यों का नाम	Age (Years) उम्र (वर्ष)	Gender लिंग	Relation with Applicant आवेदक के साथ सम्बन्ध
1	Kannee Lata	30	M	Husband
2	Rama	40	F	Daughter in Law
3	Mahesh Singh	40	M	Son
4	Mahendra Singh	18	M	Grand Son

BASIS for REQUESTING ASSISTANCE (Tick whichever is applicable)

BPL Card (Attach Card Copy) गरीबी रेशा के नीचे प्रमाण पत्र (प्रमाण पत्र की कृपा प्रति संलग्न करें)	EWS Certificate (Attach Certificate Copy) अल्प आय वर्ग प्रमाण पत्र (प्रमाण पत्र की कृपा प्रति संलग्न करें)	Ration Card (Attach Copy) उपभोक्ता कार्ड (प्रमाण पत्र की कृपा प्रति संलग्न करें)	Any Other Basis/Proof अन्य कोई साक्ष्य
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"PURPOSE" for REQUESTING ASSISTANCE:

Sr No क्रम संख्या	Medical Reports/Prescriptions Attached अस्पताल/डॉक्टर से जारी की गई प्रतिवेदन सूची संलग्न
	RE - 2 MSC
	LE - 2 MSC
	Surgery - (RE) SJSST JOL

ASSISTANCE BEING AVAILED for SAME "PURPOSE" from OTHER SOURCES

Sr No क्रम संख्या	NAME of OTHER SOURCE अन्य स्रोत का नाम	AMOUNT of ASSISTANCE BEING AVAILED ली गई सहायता राशी
1	SCFH	

