

APPLICATION FORM FOR ASSISTANCE

सहायता हेतु आवेदन प्रारूप

(Healthcare)

(स्वास्थ्य देखभाल)



APPLICATION No.: 1/0220/1219  
आवेदन संख्या

APPLICATION DATE: 20/02/20  
आवेदन तिथि

NAME OF APPLICANT: Day Dayal  
आवेदक का नाम

AGE-YEARS: 45  
SEX: M

FATHER'S/SPOUSE'S NAME: Ramji  
पिता/स्वामी का नाम



PRESENT RESIDENCE ADDRESS: Yarnam, Mathura

Yarnam, Vishrajani Shapur, Mathura

Pin-281001

PERMANENT RESIDENCE ADDRESS: Same as Above

Same as Above

One of Post of (1219) Day Dayal

OCCUPATION: Shopkeeper

MARRIED (X) / UNMARRIED ( )

TOTAL ANNUAL INCOME: 24000/-

(Attach Proof of Income) NA

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	Kaikelshi	44	F	Wife
2	Ramesh	22	M	Son
3	Amarichand	19	M	"
4	Anand	17	M	"
5	Ramabali	14	M	"
6	Mohit	10	M	"

BASIS for REQUESTING ASSISTANCE

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

Sr. No.	Medical Reports/Prescriptions Attached
1	RE - T.M.S.C
2	LE - X.M.S.C
3	Surgery - (RE) S.C.S + T.C

ASSISTANCE BEING AWAILED for SAME PURPOSE from OTHER SOURCES

Sr. No.	NAME of OTHER SOURCE	AMOUNT of ASSISTANCE BEING AWAILED
1	SCEH	

